

June 2006

# **School-Based Interventions for Skin Cancer Prevention in Three Pilot States**

## **Descriptive Report**

Prepared for

**Susan Derrick  
Phyllis Rochester**

Centers for Disease Control and Prevention  
Division of Cancer Prevention and Control  
National Center for Chronic Disease Prevention and Health Promotion  
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RTI Project Number 0208633.011

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\*RTI International is a trade name of Research Triangle Institute.

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# 1. INTRODUCTION

The Centers for Disease Control and Prevention (CDC) is a global leader in public health efforts addressing the burden of chronic and infectious diseases among the world's population. Through its array of funding initiatives and programming, CDC's health prevention and promotion efforts cross a wide spectrum of diseases, interventions, target populations, and stakeholders. To accomplish the goal of improved health outcomes, CDC recognizes its own need to identify and improve program-level factors that often impede program implementation. As a result, CDC has set the stage for collaboration within its own divisions, combining the strengths and expertise of individual divisions to reach a common goal. One example of this collaboration was initiated in October 2003, when—under the Division of Adolescent and School Health (DASH) Skin Cancer Priority Supplement to PA 03004, *Improving the Health, Education, and Well-Being for Young People through Coordinated School Health Programs*—the Division of Cancer Prevention and Control (DCPC) awarded funds to state education agencies in Colorado, Michigan, and North Carolina to implement school-based skin cancer prevention efforts in their states. To help guide the selection of strategies, the grantees will pilot interventions that implement the recommendations of CDC's "Guidelines for School Programs to Prevent Skin Cancer" (CDC, 2002). Studies supporting the need to protect young people from ultraviolet (UV) exposure during childhood and adolescence suggest that school staff can play an important role in addressing sun safety. Therefore, at the core of this national partnership is the relationship between organizations that specialize in cancer control and prevention and those that specialize in working with schools and other educational institutions. This effort represents the first time these two national health leaders (DCPC and DASH) have joined their areas of expertise to address skin cancer prevention and sun safety among young people.

Funds from the PA 03004 initiative were awarded to the Colorado Department of Education, the Michigan Department of Education, and the North Carolina Department of Public Instruction. Grantee states are expected to be funded for 3 to 5 years to determine the potential for replicating the interventions in other states. The award requires each state education agency to partner with its state Comprehensive Cancer Control Program. Programs and activities of this partnership offer a significant opportunity to draw from expertise in cancer control and coordinated school health efforts to promote sun safe behaviors and reduce the risk of skin cancer among youth.

This report describes each funded state's efforts in implementing the priorities outlined in PA 03004 and the CDC Skin Cancer Guidelines in Year 3. This report presents a historical overview of each state partnership, an account of past and present efforts to address skin cancer in each state, a description of each state's partnership structure and the benefits and challenges of the partnerships, a description of how each state has implemented the Skin Cancer Guidelines, and overall lessons learned in the process. The information contained in

this report was gathered from select key staff from each of the grantee programs and was reviewed and approved by those grantee staff. As such, the information presented here is representative of only a few staff members and may not represent the views and opinions of other key partners.

## 2. RTI METHODOLOGY

To develop a thorough understanding of the state-level partnerships, RTI International (RTI) incorporated several data collection methods to summarize and describe the grantee programs. Specifically, RTI

- reviewed extant data sources (i.e., PA 03004 initial applications, progress reports, program materials),
- conducted preliminary interviews with key project staff, and
- conducted follow-up interviews with key project staff.

In December 2004, shortly after the start of Year 2, the Centers for Disease Control and Prevention (CDC) wanted to gain a better understanding of each grantee's progress to date in implementing skin cancer prevention efforts. Original grantee applications, Year 1 progress reports, and other relevant program materials were provided to RTI to aid in describing each program's efforts. To facilitate this process, RTI worked with CDC to create a standardized summary form that was used to guide collection of key data about each grantee's program (Appendix A). The form was designed to collect comparable information from diverse grantees, including partnership structure, activities, facilitators of and challenges to program implementation, and lessons learned. Input from the CDC Technical Monitors was sought to ensure that the form was appropriate for the purpose intended. After the form was finalized in December 2004, a thorough review of grantee applications and 2003–2004 funding year progress reports was conducted as a preliminary step toward completing the forms. Once abstraction of these documents was completed in January 2005, the Sun Safety Coordinator of each grantee program was invited to participate in key informant interviews to verify and supplement the information in the summary forms. Completed forms were then sent to each Coordinator for review and approval.

RTI made plans to collect a second round of updated program information from grantees. At this stage, the interview questions, which were largely informed by the evaluation plan developed in 2005, were tailored to capture information from a variety of respondents, including key staff from each state's education agency, Comprehensive Cancer Control (CCC) organization, and other key staff identified by the grantees (Appendix B). Information was also collected to gain a better understanding of each partner's organizational history and past and present efforts to address skin cancer. Year 3 interim progress reports, provided by CDC to the RTI team, were also used to inform development of the updated program summary form and this report. Once the abstraction of these documents was completed, the Sun Safety Coordinator of each grantee program was again invited to participate in telephone interviews, along with each state's key contact from the CCC organization. For Michigan, a key staff person from the regional American Cancer Society (ACS) was also interviewed. After the interviews, the completed program summary forms



were sent to each respondent to verify the accuracy of the information. This report summarizes data gathered collaboratively through these summary forms and other program documentation.

### **3. SITE-SPECIFIC SUMMARIES**

Sections 3.1, 3.2, and 3.3 describe key characteristics of the three states funded under PA 03004: Colorado, Michigan, and North Carolina. As we have found, each initiative is unique and has been developed based on a variety of factors, including existing resources, partnerships, and goals established through this effort. Because of these differences, as well as differences in implementation and the quantity and quality of data available on each state and partner, the partner summaries in this section vary somewhat. As the evaluation moves into the next phase, we will further examine differences and similarities among programs and how they affect the overall implementation and success of these efforts.

#### **3.1 Colorado**

##### ***3.1.1 History and Mission of Cancer Control and Education in Colorado***

The primary Colorado partners for the School Partners in Skin Cancer Prevention initiative are the Colorado Department of Education (CDE) and the Colorado Department of Public Health and Environment (CDPHE). Klein Buendel, Inc., plays a strong and important role in the partnership with CDE and CDPHE, utilizing Mary Buller's years of skin cancer prevention education research and experience (prior to forming Klein Buendel, she worked at AMC Cancer Research Center). Mary Buller's guidance and participation in this initiative is a valuable asset to the state of Colorado in these efforts. Per Klein Buendel's Web site ([www.kleinbuendel.com](http://www.kleinbuendel.com)), "Klein Buendel is a communications firm specializing in the development of programs to educate communities about health issues that impact our daily lives. Through our own research grants as well as partnerships with various research institutions, we apply an effective mix of traditional and emerging media to create professional and engaging training and education materials."

Building on existing relationships from other health initiatives, these primary partners are collaborating closely on this initiative to bring sun safety awareness, activities, and programs to Colorado schools. This section describes these primary partners, their background with regard to school health initiatives, and their previous skin cancer prevention efforts for the state of Colorado.

##### ***3.1.1.1 Colorado Department of Education***

CDE is the administrative arm of the Colorado State Board of Education. CDE serves Colorado's 178 local school districts and comprises eight regional areas. There are also 22 Board of Cooperative Educational Services (BOCES) in Colorado, which supply specialized educational services to school districts that cannot otherwise afford the service or want to share the cost with other school districts (CDE, 2006). Because of Colorado's expansive geography, the *School Partners in Skin Cancer Prevention* initiative has used BOCES to help implement Sun Safe Colorado trainings to reach as many districts and schools as possible.

### *3.1.1.2 Colorado Department of Public Health and Environment*

CDPHE has a history of grant work through CDC, having received its initial CDC grant for Comprehensive Cancer Control (CCC) in 1998. The grant was renewed in 2002 to continue the work of reducing cancer morbidity and mortality and increasing the quality of life of Colorado citizens affected by cancer. The long-term goal of the program is to reduce cancer deaths and the disparity of death rates in Colorado subpopulations through the coordinated efforts of public and private agency partners (CDPHE, 2006).

Objectives of CDPHE's Comprehensive Cancer Program are to

- improve and expand the collaborative efforts already in place through the Colorado Cancer Coalition among stakeholders working on cancer control in Colorado,
- increase the use of the Colorado Cancer Plan 2005–2010 as the statewide document directing cancer control efforts,
- develop a data-driven and science-based process for prioritizing the elements of the Colorado Cancer Plan,
- disseminate information available to local communities and provide technical assistance to community initiatives working on local cancer control efforts,
- enhance surveillance capabilities through existing resources,
- conduct collaborative public awareness and education projects, and
- increase cancer-related policy development in a variety of settings.

The Comprehensive Cancer Program has identified skin cancer as a priority since the first state cancer plan was produced in 1993, and skin cancer prevention activities have been implemented when there were resources to do so. Since 1993, the plan has continued to include major sections or chapters focusing on skin cancer. Currently, skin cancer is one of only six cancers to have its own chapter in the state plan.

### *3.1.1.3 Coordinated School Health Efforts in Colorado*

In 1988, the coordinated school health concept was first articulated by CDC's Division of Adolescent and School Health (DASH). Coordinated school health programs (CSHP) include eight components designed to address health and social issues within the school setting. One of the goals of CSHP is to bring together families, health care professionals, community and religious organizations and youth through the schools to address these issues (CDC, 2005).

Colorado has a long history of supporting school health programs through state and local initiatives. CDE has 15 prevention initiatives/categories, one of which is the *Colorado Connections for Healthy Schools*. This statewide initiative in support of CSHP is modeled on eight school health components: health education; physical education; health services; nutrition services; counseling, psychological, and social services; healthy school environment; health promotion for staff; and family/community involvement.

The following seven goals represent the *Colorado Connections for Healthy Schools'* vision:

1. partnership and coordination
2. effective data collection and use for program planning
3. eliminating health disparities and closing the achievement gap
4. promoting healthy school policy
5. professional development to advance CSHP
6. marketing the importance of CSHP
7. evaluating and monitoring programs, policies, and practice

*Colorado Connections for Healthy Schools* is funded through CDC, with Colorado being one of 18 states to create a state infrastructure and fund local school districts to coordinate all health and prevention-related programs. According to the *Colorado Connections for Healthy Schools* Web site (<http://www.cde.state.co.us/cdeprevention/pilotprogs.htm>), "Colorado funds five school districts through the Colorado Connections for Healthy Schools Initiative to pilot the coordinated school health model and create systems change to promote healthy schools over the next 3 years. The intent of the pilot program is to strengthen coordination and support for healthy schools and build an infrastructure to sustain the program when the funding ends." See Appendix C, "School Health in Colorado—A Brief History," for a timeline of school health milestones for Colorado.

In 2005, *Colorado Connections for Healthy Schools: A 2010 State Plan for Coordinated School Health* was published. This plan resulted from a partnership between CDE and CDPHE, with input and feedback from educators, health professionals, parents, students, community agency representatives, business representatives, and policy makers.

This plan was developed by the Interagency School Health Team, which includes CDE and CDPHE staff, to address and support coordinated school health efforts and programs. The plan listed the following categories of health problems facing Colorado students: (1) behaviors that contribute to violence; (2) tobacco, alcohol, and other drug use; (3) diet and physical activity; and (4) sun safety. The plan reported that 59% of students said they never or rarely use sunscreen and identified several steps to preventing skin cancer, including limiting exposure to the sun, wearing protective clothing, and using sunscreen.

### **3.1.2 History of Skin Cancer Prevention**

Prior to this initiative, CDE had no experience in skin cancer prevention or other cancer control issues, but they did have vast experience coordinating, managing, and implementing other coordinated health programs in Colorado schools. CDPHE had worked on skin cancer prevention prior to the grant and was interested in expanding the work they had started in schools through the *Sun Safe School Guide Dissemination Project* (described below) by working with CDE to gain further access to schools. With the Skin Cancer Task Force and

the Interagency School Health Team already in place prior to the grant, CDE and CDPHE were well prepared to work together and build on previous work to address priorities identified in the Colorado Cancer Plan. Klein Buendel adds their expertise to these existing structures, gleaned through many years of research and experience in the area of skin cancer prevention. The following section details the history of the *Sun Safe School Guide Dissemination Project* and the Colorado Cancer Plan and describes how they have helped to inform the current Sun Safe Colorado work.

### *3.1.2.1 Within Schools*

***Sun Safe School Guide Dissemination Project.*** In January 2002, CDPHE's Comprehensive Cancer Prevention and Control (CCPC) Program collaborated with Partners for Health Systems (now Klein Buendel, Inc.) on the *Sun Safe School Guide Dissemination Project*. This project's mission was to disseminate sun protection policy information to all elementary schools in Colorado. The Sun Safe Colorado Web site was created by Partners for Health Systems to assist in this effort. The Web site was designed to address all seven of the CDC Guidelines for School Programs to Prevent Skin Cancer. The site includes a variety of tools and resources, including a survey to assess school activities and policies, strategies to promote sun safe behaviors, and example sun protection policies and curricula. The current initiative has provided resources to update this Web site to enhance its evaluation capability and to provide additional online materials and information.

As part of the *Sun Safe School Guide Dissemination Project*, a total of 1,624 public schools and 395 private schools were mailed the Sun Safe School Policy Guide and the *Sunny Days, Healthy Ways* sun safety education curriculum for grades kindergarten through 5. Schools were asked to complete the School Sun Safety Assessment in the guide and return it to CCPC; 346 (17%) pre-kindergarten through grade 8 schools returned the assessment. As part of a separate research project funded by the National Cancer Institute to evaluate the *Sunny Days, Healthy Ways* curriculum and interactive CD-ROM, a pre- and post-test evaluation of that curriculum was implemented. According to the School Sun Safety Assessment, schools in Colorado were doing little to protect their students and staff from UV exposure. However, many schools stated that they would like to improve sun safety. This grant will allow CDPHE to build on this initial effort. In addition to this effort, CDPHE worked with Klein Buendel, Inc., to create, promote, and distribute brochures, curricula, policies, and training conferences for sun safety awareness.

This initial effort also helped to inform the Colorado Cancer Plan 2005–2010. According to that plan, "Melanoma has been increasing in Colorado. The 1996–2000 Colorado melanoma incidence rate was 33 percent higher than the U.S. rate for males, and 40 percent higher for females." However, the plan also recognizes that "skin cancer is related to cumulative exposure throughout life, whereas intense exposure (sunburns) in childhood may be more important for melanoma. Studies indicate that a single, severe, sunburn before the age of

18, may increase the risk of malignant melanoma two-fold.” The plan goes on to suggest that “facilities providing services to children (e.g., day care centers, schools and recreation programs) should create sun-safe environments” (p. 47).

**Colorado Connections for Healthy Schools.** In addition to the goals outlined in the Colorado Cancer Plan 2005–2010, CDE now addresses sun safety through *Colorado Connections for Healthy Schools*. Their vision statement is that “all school-aged children and youth in Colorado will be healthy and learn at their full potential.” Their mission is to enhance the partnership between CDE and CDPHE to implement school health programs and assist schools in improving the well-being and academic success of youth. Schools are asked to integrate various school services (e.g., comprehensive school health education, physical education, school health services, nutrition services, counseling, psychological and social services, school site health promotion for staff and family, community involvement) in order to

- reduce tobacco use and addiction,
- improve eating patterns,
- increase vigorous daily physical activity,
- reduce obesity, and
- reduce skin cancer due to sun damage.

#### **3.1.2.2 Across the State**

The Colorado Cancer Plan 2005–2010 was developed and monitored by the Colorado Cancer Coalition, staffed by CCPC, with a long-term goal to increase the use of sun protection. The focus of the project is to address policy change in pilot school districts. These policies should encourage shade structures for outdoor playgrounds, promote sunscreen use and protective clothing for children, and discourage outdoor activities during peak UV exposure times. Exhibit 3-1 summarizes objectives in the Colorado Cancer Plan that relate to school-based sun safety efforts.

The Colorado Cancer Plan included information obtained from a comprehensive cancer prevention project awarded in January 2002, the mission of which was to provide sun safety awareness in Colorado schools. In addition to informing the cancer plan, these initial efforts to introduce sun safety issues into Colorado schools provided the foundation for Sun Safe Colorado’s emphasis on establishing additional sun safety programs in Colorado’s schools.

#### **3.1.3 Current Priority of Skin Cancer Prevention**

The previous and current work by CDE and CDPHE has built a foundation for developing stronger and more focused sun safety programs in Colorado schools. Because of the *School Partners in Skin Cancer Prevention* initiative, Colorado schools have implemented sun safety policies where none existed before. The previous state efforts introduced sun safety to

### Exhibit 3-1. Colorado Cancer Plan 2005–2010 Objectives Related to School-Based Sun Safety

Colorado Cancer Plan 2005–2010 Objective	Strategies to Address Objective
8.1: By 2010, increase to 100 the number of schools that have established sun safety guidelines, procedures, or policies.	<ul style="list-style-type: none"> <li>Establish baseline.</li> <li>Conduct statewide trainings and provide resources for school district personnel.</li> <li>Collect all new implemented guidelines, procedures, or policies.</li> </ul>
8.2: By 2010, revise state legislation to restrict indoor UV tanning usage by minors.	<ul style="list-style-type: none"> <li>Encourage development of, secure sponsorship for, and promote passage of legislation.</li> <li>Increase indoor UV tanning facility compliance with regulations.</li> <li>Educate indoor UV tanning facility operators about state legislation.</li> </ul>
8.5: By 2010, reduce to 26 the percent of parents reporting their children having had a sunburn in the past year. (Baseline: 49%, 2004 Child Health Survey)	<ul style="list-style-type: none"> <li>Implement educational programs and distribute information that educates children and adolescents about sunburns and skin cancer.</li> <li>Distribute sun protection products at sporting events, parks, and other outdoor venues.</li> </ul>
8.7: By 2010, increase to 75 the percent of children using at least one method of sun protection when outside for more than 15 minutes between 11 a.m. and 3 p.m. on a sunny summer day. (Baseline: 60%, 2004 Child Health Survey)	<ul style="list-style-type: none"> <li>Implement educational programs and distribute information that educates adults about sunburns and skin cancer.</li> <li>Distribute sun protection products at sporting events, parks, and other outdoor venues.</li> </ul>

Source: Colorado Cancer Plan 2005–2010. <[http://www.coloradocancercoalition.org/pdfs/cancerPlan2005\\_2010.pdf](http://www.coloradocancercoalition.org/pdfs/cancerPlan2005_2010.pdf)>. As obtained January 30, 2006.

Colorado schools through schools' participation in the *Sun Safe School Guide Dissemination Project*. The current initiative extends these efforts, offering Sun Safe Colorado trainings to districts and schools and awarding mini-grants to schools based on their existing needs and their plan for continued sun safety programs/awareness.

A major component of Sun Safe Colorado focuses on providing mini-grant funding to schools and school districts through the state. Initially, mini-grant recipients focused on providing shade structures at the schools. The focus has shifted over the years, to changing district- and school-level policy with regard to sun safety and providing additional sun safety awareness and education.

#### 3.1.4 Partnerships

Before this initiative, CDE and CDPHE had worked together on various coordinated school health projects. CDE and CDPHE are the primary partners for Sun Safe Colorado, with CDE

providing fiscal oversight of the initiative. Both bring their respective expertise to the project and have expressed how well the partnership is working. Exhibit 3-2 provides an overview of each partner's roles in the Sun Safe Colorado initiative.

**Exhibit 3-2. Role of CDE and CDPHE in the Sun Safe Colorado Initiative**

CDE Role	CDPHE Role
<ul style="list-style-type: none"> <li>Oversee the financial aspects of the initiative.</li> <li>Administer the grant.</li> <li>Provide training and technical assistance to schools.</li> <li>Use expertise to gain access to school settings, systems, and personnel.</li> <li>Participate in the Skin Cancer Task Force and the Interagency School Health Team.</li> <li>Work with Center for Research Strategies (CRS) in identifying evaluation activities</li> </ul>	<ul style="list-style-type: none"> <li>Provide skin cancer updates and statistics to work groups.</li> <li>Use expertise with public health initiatives to effectively implement the initiative.</li> <li>Provide public health and skin cancer knowledge.</li> <li>Assist in setting up trainings at cancer conferences.</li> <li>Ensure that skin cancer information on the Sun Safe Web site is up to date.</li> <li>Participate in the Skin Cancer Task Force and the Interagency School Health Team.</li> <li>Work with CRS in identifying evaluation activities.</li> </ul>

CDE and CDPHE are part of the Skin Cancer Task Force and the Interagency School Health Team, which were in place prior to this grant and focused on implementing sun safety programs and education in Colorado through the *Sun Safe School Guide Dissemination Project*. These partnerships provided a tool for CDE and CDPHE to work collaboratively on sun safety issues and to address the sun safety goals and objectives outlined in the Colorado Cancer Plan. The Skin Cancer Task Force encompasses a large group of agencies and individuals, including the following:

- CDE
- CDPHE
- Klein Buendel, Inc.
- KUSA-TV (Channel 9 television station)
- Northeast Colorado Regional Market Area of the American Cancer Society's Rocky Mountain Division
- Rocky Mountain Cancer Centers
- Rocky Mountain Sunscreen
- University of Colorado Health Sciences Center—Lori Crane, PhD; Robert Dellavalle, PhD (Director of Dermatoepidemiology Research Unit); Amanda Drake (Dermatology Research Assistant); Lauren Helig (Dermatology Research Assistant); Eric Hester (Research Fellow in Dermatoepidemiology Research Unit); Kathryn Johnson, PhD (Research Fellow in Department of Dermatology)



Contractors include

- the Center for Research Strategies (CRS) (evaluation).

In addition, CDE and CDPHE meet monthly (along with Klein Buendel, Inc.) immediately before the monthly Skin Cancer Task Force meeting. CDE and CDPHE staff work together to develop the annual work plan, and Ms. Lisa Perry, the Sun Safety Coordinator, was very involved in developing the melanoma chapter of the Colorado Cancer Plan. The 2010 cancer plan includes objectives specifically geared toward youth largely because of the work done through this initiative.

CDE and CDPHE have also included an evaluation expert in the partnership. Evaluation is provided by CRS, with Ms. Kaia Gallagher as lead evaluator. CRS is “known for their work in the fields of health promotion and prevention with school-aged youth” (grant application, p. 9).

#### *3.1.4.1 Partnership Benefits*

CDE and CDPHE indicated that their partnership is a real strength and asset to the initiative. The structures and teams that were already in place prior to this initiative helped lay the foundation for its success. Although skin cancer prevention was a new topic area for CDE, their expertise in school systems has been extremely helpful in getting skin cancer prevention information into Colorado schools. Through CDPHE’s skin cancer expertise and previous efforts in this area, this partnership has provided the support and skills for each group to meet its own goals and objectives, as well to meet the initiative’s overall mission. The agencies have developed a working division of labor, so that the effort is truly split between both partners. Both admitted to having difficulties at times in knowing when to ask the other for assistance, but this was mainly because they were still learning to communicate and trying to understand each other’s strengths. Their skills complement each other and therefore help advance the initiative in the schools. Both agencies mentioned that, because skin cancer is not a sensitive topic (like substance abuse prevention), the initiative’s efforts have been well-received in Colorado schools.

#### *3.1.4.2 Partnership Challenges and Lessons Learned*

Although the partnership is now functioning smoothly, both agencies acknowledged that there were some initial challenges in determining workloads and getting to know each other’s strengths and weaknesses. They also admitted that they both spoke their own language (i.e., “school system” language and “public health/skin cancer” language), so there was a learning curve in the beginning. However, the partners have been able to work through these challenges, creating a stronger, more focused team that incorporates both agencies’ expertise to bring skin cancer prevention activities, programs, and education into the schools.

#### 3.1.4.3 Mini-Grant Recipients

As a result of this initiative, relationships have also formed between CDE, CDPHE, and the schools and school districts funded through the mini-grants to implement sun safety efforts within schools. In order to apply for mini-grant funding, districts and schools must participate in sun safety awareness trainings. After attending the trainings, schools may apply for funds (i.e., mini-grants) to conduct sun safety education and programs within their schools. Mini-grants are awarded only if a school can present a need for additional sun safety education and programs, specifically aligned with the CDC “Guidelines for School Programs to Prevent Skin Cancer.” The focus is on implementing policy, education, and environmental change to sustain the effort long term and have the greatest impact. See Section 3.1.7 for a listing of mini-grant recipients and the amounts awarded to each.

#### 3.1.5 Staffing

The Sun Safe Colorado team comprises several key staff and partners. The initiative is overseen by Karen Connell at CDE and Bruce Guernsey at CDPHE; however, Lisa Perry (CDE) and Sara Miller (CDPHE) are the primary staff involved in the initiative on a day-to-day basis.

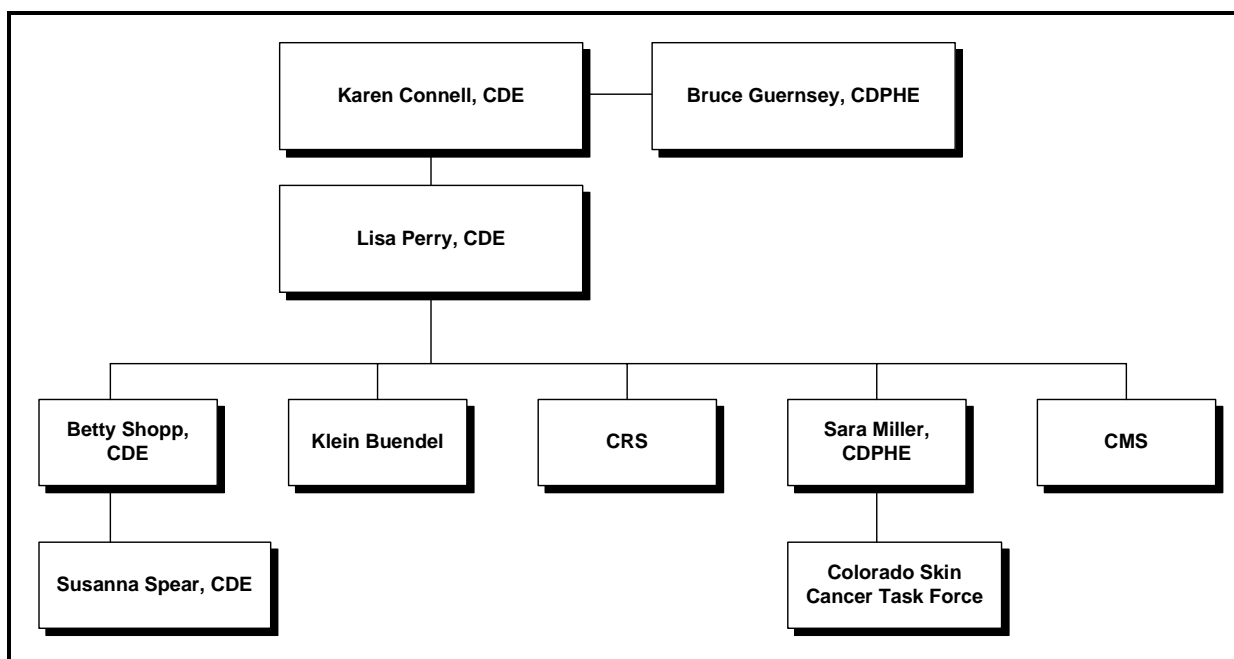
Ms. Perry is the Sun Safety Coordinator for the *School Partners in Skin Cancer Prevention* initiative. She has extensive knowledge of implementing programs in school settings to this initiative and guides the management and implementation of sun safety education, awareness, and interventions in Colorado schools.

Ms. Miller is the Director of the Comprehensive Cancer Program for Colorado, which is housed at CDPHE. She has served in this role for 5 years and has been involved in the *School Partners in Skin Cancer Prevention* initiative from the beginning. Ms. Miller’s role on the project is to provide visionary oversight of the goals of the project, convene the Skin Cancer Task Force, provide skin cancer-related technical assistance, and provide oversight on evaluation and reporting of new data.

The key partners who work alongside CDE and CDPHE are Klein Buendel (training and Web site development, and materials), CRS (evaluation), and Creative Media Solutions (CMS) (media). Additional staff at CDE include an office manager, a program assistant, and an administrative assistant, all of whom are covered on a part-time basis through the Sun Safety CDC funding. There are no current plans to hire additional project staff. Exhibit 3-3 presents the staffing structure.

During the past year, several changes have been made to program staffing. Most notably, Ms. Perry has decreased her time on the project from 50% to 25%. The decrease in her workload primarily represents a shift in administrative duties to an administrative assistant hired in March 2005 to work 35% time on the project. Additionally, CMS received an

**Exhibit 3-3. Sun Safe Colorado Organizational Chart**



increase in funding from \$10,000 to \$20,000, which will be used to implement the anti-tanning for teens campaign.

Although it has little impact on the total funding or the work done by CMS, it is worth noting that the funding mechanism for reimbursing CMS has also changed. In the past, CDE provided money to CMS via a subcontract through CDPHE, but this year the money went directly from CDE to CMS, cutting out CDPHE as an intermediary. The evaluator, CRS, is funded through a collaboration of several programs at CDHPE. The Sun Safety initiative, HIV, and CSHP each contribute \$25,000 toward the contract with CRS. All three programs then have regular access to evaluation services provided by CRS.

### **3.1.6 Training**

Staff on the Sun Safe Colorado team appear to be well-trained in skin cancer and sun safety issues. Ms. Perry, at CDE, has attended trainings conducted by Klein Buendel focusing on such topics as establishment of policies for sun safety in schools, CDC sun safety guidelines, World Health Organization (WHO) guidelines, basic information on skin cancer in Colorado and nationwide, and modification of behavior and environment around sun safety issues. Her first training was a 6-hour training conducted in August 2004, and she continues to attend trainings as they are available, generally on a quarterly basis. Ms. Perry's administrative assistant, Ms. Susanna Spear, has also attended trainings. Ms. Miller, at CDPHE, has received informal skin cancer training and, as Director of the Comprehensive Cancer Program for Colorado, is in the process of developing a more formal Skin Cancer 101

training session for CDPHE staff. Funding to support this training development effort does not come from CDC's *School Partners in Skin Cancer Prevention* initiative but through funds at CDPHE. Additionally, some level of training and information dissemination occurs regularly at the monthly Skin Cancer Task Force meetings.

As discussed previously, all schools interested in the sun safety mini-grants must attend a training before they are allowed to apply for mini-grant funding. Thus, they should have a basic level of awareness and understanding of sun safety issues and ways to address skin cancer prevention through school-based activities and interventions. It is not clear what level of training the other partners, such as CMS and CRS, have received.

### 3.1.7 Funding

Since the initiation of the *School Partners in Skin Cancer Prevention* initiative, Colorado has received \$250,000 from CDC each year to develop and implement sun safety activities. During the first year of funding (2003–2004), Colorado received an additional \$80,000 through a state Comprehensive Health Education (CHE) grant. This supplemental funding was then provided to participating schools via the mini-grants funding mechanism for development and implementation of their interventions. Although the CHE grant funding was only available during the first year of the initiative, Colorado anticipates that additional resources may be available in the future through the Department of Health to be used on the anti-tanning for teens initiative. Exhibit 3-4 provides an overview of Colorado's funding since the start of the initiative.

**Exhibit 3-4. Amount of CDC Funding Per Fiscal Year, Colorado**

Funding Year	Dollars Requested from CDC	Dollars Awarded By CDC	Additional Non-CDC Support		Dollars Expended
			Funding (Source)	Other Resources (i.e., In-Kind Services) (Source)	
Year 1 (2003–2004)	\$269,533	\$250,000	\$80,000 (CHE grant)	N/A	\$250,000
Year 2 (2004–2005)	\$257,564	\$250,000	N/A	N/A	\$250,000
Year 3 (2005–2006)	\$289,474	\$250,000	N/A	N/A	\$250,000
Year 4 (2006–2007)	\$249,403	N/A	N/A	N/A	\$250,000

During the past fiscal year, roughly 38% (\$97,000) of the funding received was provided to schools to implement activities and interventions via the mini-grant funding mechanism. Roughly 2.5% (\$6,500) was spent on trainings and reimbursing teachers for their time and

travel in attending the trainings (additionally, Klein Buendel covered the trainings they conducted from their portion of funding). An additional 10% (\$25,000) was allocated for evaluation activities. The remaining funding was used to reimburse staff and partners, provide earned and paid media support services, and cover other miscellaneous expenses.

Searching for additional funding opportunities is an ongoing process for the Sun Safe Colorado team, which has previously applied for funding through various mechanisms. Klein Buendel submitted a grant application for funding that would have supplemented the current CDC funding, but they did not receive the grant. Similarly, CDE applied for a cardiovascular and cancer grant that was not funded this year, although they plan to re-apply during the next round of funding. Staff at CDPHE are actively searching for additional resources and have, to the extent possible, reallocated resources from other grants and partners to fund activities through the Sun Safe Colorado initiative. As of the date of this report, Klein Buendel has been awarded the Comprehensive Skin Cancer Prevention Program grant. This funding is \$1,190,000 over 3 years, beginning July 1, 2006. One-third of the project is school-based, and the other two-thirds are worksites and clinics.

As noted in Section 3.1.4, mini-grants were awarded to some Colorado schools provided they met certain criteria. Exhibit 3-5 lists the mini-grant recipients to date.

### ***3.1.8 Implementation of CDC Skin Cancer Guidelines and Current Activities***

When we spoke with Ms. Perry in January 2005, the initiative focused on five of the seven Skin Cancer Guidelines: policy, environmental change, education, professional development, and evaluation. Since that time, the Sun Safe Colorado team has added the other two guidelines as part of the initiative: health services and family/community involvement.

CDE is working with school nurses to address the health services guideline but feels this guideline is already being addressed through other avenues. Specifically, the School Health Advisory Council at each school typically includes the school nurses and has parent and community representation. CDE also believes the family/community involvement guideline is being addressed. For example, as part of the Federal Wellness Policy, legislation requires that all schools with free and reduced lunch or breakfast establish a wellness policy that deals with physical activity and nutrition. In addition, many schools are using the School Health Advisory Council—which is required to include parent and community members—to address the myriad health needs associated with youth.

Based on experience gained through the initiative, Colorado changed its focus within the CDC guidelines to address policy, education, and environmental change within schools. Thus, all mini-grant applicants (typically individual schools) must address at least these three CDC guidelines to be awarded funds to address sun safety in their schools.

**Exhibit 3-5. School-Based Skin Cancer Prevention Mini-Grant Recipients**

<b>Mini-Grant Recipient</b>	<b>Amount of Mini-Grant</b>	<b>Funding Period</b>
Barney Ford Elementary, Denver	\$9,000	2004–2005
Boulder RE-2, Boulder	\$3,000	2005–2006
Byers Elementary, Arapahoe	\$500	2004–2005
Centennial School District, Costilla	\$1,000	2003–2004
Centennial School District, Costilla	\$9,000	2004–2005
Center Consolidated Schools, Saguache	\$500	2004–2005
Conifer High School, Conifer	\$7,334	2003–2004
Conifer High School, Conifer	\$1,656	2004–2005
Cotopaxi Consolidated Schools, Fremont	\$500	2004–2005
Del Norte Schools, Rio Grande	\$250	2004–2005
Durango 9-R Pilot, Durango	\$6,000	2005–2006
Eagle County School District, Eagle	\$500	2004–2005
Early Head Start, Fort Collins	\$5,331	2003–2004
Early Head Start, Fort Collins	\$4,689	2004–2005
East Grand Pilot, Granby	\$6,000	2005–2006
East Grand School District, Granby	\$5,000	2005–2006
East Otero School District, La Junta	\$5,000	2005–2006
Elizabeth Middle, Elbert	\$5,000	2003–2004
Elizabeth Middle, Elbert	\$5,000	2004–2005
Everitt Middle School, Golden	\$500	2004–2005
Foothills Elementary, Boulder	\$500	2004–2005
Gateway and Summit Elementary Schools	\$7,400	2003–2004
Gateway and Summit Elementary Schools	\$1,600	2004–2005
Glenwood Springs	\$7,000	2004–2005
Grant Elementary, Colorado Springs	\$2,250	2003–2004
Grant Elementary, Colorado Springs	\$7,750	2004–2005
Gunnison Elementary, Gunnison	\$300	2004–2005
Haxtun Elementary, Phillips	\$500	2004–2005
Haxtun School District, Haxton	\$5,000	2005–2006
High Plains Elementary, Colorado Springs	\$400	2004–2005
Highland Middle, Weld	\$2,500	2003–2004
Highland Middle, Weld	\$6,000	2004–2005
Immanuel Lutheran School, Colorado Springs	\$500	2004–2005
Jackson Elementary, Colorado Springs	\$2,250	2003–2004

(continued)

**Exhibit 3-5. School-Based Skin Cancer Prevention Mini-Grant Recipients  
(continued)**

<b>Mini-Grant Recipient</b>	<b>Amount of Mini-Grant</b>	<b>Funding Period</b>
Jackson Elementary, Colorado Springs	\$7,750	2004–2005
Jefferson County School District, Broomfield and Westminster	\$6,000	2005–2006
Kearney Middle School, Commerce City	\$5,000	2004–2005
Kyffin Elementary, Golden	\$500	2004–2005
Lafayette Elementary, Lafayette	\$7,500	2003–2004
Lake County School District, Leadville	\$2,575	2005–2006
Lukas Elementary, Golden	\$500	2004–2005
Moffat School District, Craig and Maybell	\$6,000	2005–2006
Monarch High School, Boulder	\$1,200	2003–2004
Monarch High School, Boulder	\$6,800	2004–2005
Nederland Middle and High School, Nederland	\$2,500	2003–2004
Nederland Middle and High School, Nederland	\$5,000	2004–2005
New Horizon Academy, La Junta	\$500	2004–2005
North Arvada Middle, Arvada	\$1,300	2003–2004
North Arvada Middle, Arvada	\$7,700	2004–2005
Northeast BOCES, Haxtun	\$3,850	2004–2005
Northridge High School, Greeley	\$270	2004–2005
Northridge High School, Greeley	\$1,000	2005–2006
Peak to Peak Charter School, Lafayette	\$4,000	2003–2004
Peak to Peak Charter School, Lafayette	\$3,500	2004–2005
Platte Valley Pilot, Kersey	\$6,000	2005–2006
Poudre Head Start	\$2,500	2005–2006
Poudre Preschool	\$2,500	2005–2006
Preschool Program, Fort Collins	\$5,244	2003–2004
Preschool Program, Fort Collins	\$4,756	2004–2005
Pueblo 60, Pueblo	\$2,450	2004–2005
Ryan Elementary Pilot, Lafayette	\$4,150	2003–2004
Saguache County, Mountain Valley	\$5,000	2005–2006
Sante Fe Trail BOCES, La Junta	\$5,000	2004–2005
Stott Elementary, Arvada	\$8,635	2003–2004
Stott Elementary, Arvada	\$384	2004–2005
Summit Pilot, Breckenridge, Dillon, Frisco, and Silverthorne	\$6,000	2005–2006

(continued)

**Exhibit 3-5. School-Based Skin Cancer Prevention Mini-Grant Recipients  
(continued)**

<b>Mini-Grant Recipient</b>	<b>Amount of Mini-Grant</b>	<b>Funding Period</b>
West Grand High School, Kremmling	\$6,100	2004–2005
West Grand Pilot, Kremmling	\$6,000	2005–2006
West Grand School District, Kremmling	\$1,500	2004–2005
West Grand School District, Kremmling	\$6,000	2005–2006
Westminster Elementary, Adams 50	\$7,000	2003–2004
Westminster Elementary, Adams 50	\$3,000	2004–2005
Witt Elementary, Golden	\$500	2004–2005
Woodland Park, Woodland Park	\$1,000	2005–2006
Woodland Park High School, Teller County	\$7,898	2003–2004
Woodland Park High School, Teller County	\$2,102	2004–2005
Woodland Park Middle, Teller County	\$6,000	2003–2004
<b>Total funded since 2003</b>	<b>\$292,874</b>	

**3.1.8.1 Current Activities**

Sun Safe Colorado is covering a wide range of issues through the implementation of a work plan that addresses three overarching goals:

- Goal 1: To implement skin cancer education and prevention programs as part of a coordinated school health program in at least 30 school districts.
- Goal 2: To increase policies/guidelines to promote skin cancer prevention behaviors and environments in at least 30 school districts.
- Goal 3: To increase to a minimum of five objectives that directly relate to school-aged children and collaborate on the implementation of the objectives in the Colorado Cancer Plan 2010.

To achieve these goals, Sun Safe Colorado is conducting such activities as training schools, awarding mini-grants, providing technical assistance to current mini-grant recipients, disseminating educational materials, and conducting evaluation efforts. Exhibit 3-6 provides an overview of the major activities projected and completed during the first half of Year 3 by the Sun Safe team. Proposed activities for Year 4 are included in Appendix D.

The contracted partners—Klein Buendel, CMS, and CRS—may be conducting other activities to contribute to the overall effort, but these activities are not listed in their entirety in this report because we do not have comparable information from each partner. However, some of these activities include

- providing evaluation technical assistance (CRS);
- implementing anti-tanning for teens initiatives (CMS);



**Exhibit 3-6. Overview of Sun Safe Colorado Year 3 Activities by Goal**

Colorado Goal	Objectives	Applicable Skin Cancer Guideline							Planned Activities in Year 3	Progress Made During Year 3
		1	2	3	4	5	6	7		
Goal 1: By February 2006, implement skin cancer education and prevention programs as part of a CSHP in at least 30 school districts based on the Colorado Cancer Plan 2005–2010 and CDC School Guidelines.	1.1: Design strategies to reach schools based on current data.			✓				✓	<ul style="list-style-type: none"> <li>Analyze results from Youth Risk Behavior Survey (YRBS) and Child Health Survey of 2004.</li> </ul>	<ul style="list-style-type: none"> <li>Results are being analyzed.</li> </ul>
	1.2: Work with Cancer Coalition committee to coordinate and disseminate resources for schools.			✓					<ul style="list-style-type: none"> <li>Disseminate tanning education piece.</li> <li>Collaborate on state conference.</li> </ul>	<ul style="list-style-type: none"> <li>Pre-prom fashion show pilot, toolkit developed.</li> <li>Sun Safe Colorado presentation at the Cancer Conference.</li> </ul>
	1.3: Work with the Health Coordinator Leadership Institute and six Coordinated Schools Health pilot districts to integrate Sun Safety into their district planning process.	✓		✓	✓	✓			<ul style="list-style-type: none"> <li>Attend coordinator meetings.</li> <li>Design orientation for school staff.</li> </ul>	<ul style="list-style-type: none"> <li>The senior consultant is involved in the Leadership Institute and sun safety policy is a topic for the November 4, 2005, training.</li> </ul>
	1.4: Provide regional trainings for at least 100 health coordinators, physical education teachers, coaches, school nurses, and health teachers.					✓			<ul style="list-style-type: none"> <li>Arrange training and travel logistics for participants.</li> <li>Implement training.</li> <li>Provide resources and materials to support policy and program.</li> </ul>	<ul style="list-style-type: none"> <li>Trainings are scheduled for Grand Junction, Steamboat Springs, Grandby, Sterling, and Alamosa. Anticipated attendance is 100.</li> </ul>

(continued)

**Exhibit 3-6. Overview of Sun Safe Colorado Year 3 Activities by Goal (continued)**

Colorado Goal	Objectives	Applicable Skin Cancer Guideline							Planned Activities in Year 3	Progress Made During Year 3
		1	2	3	4	5	6	7		
Goal 1 (cont'd)	1.5: Fund at least 40 schools to implement prevention and education programs.			✓					<ul style="list-style-type: none"> <li>Design a mini-grant/ action plan application and distribute to training attendees.</li> <li>Review and award grants.</li> <li>Monitor progress.</li> <li>Provide technical assistance.</li> </ul>	<ul style="list-style-type: none"> <li>Klein Buendel has developed starter kits for elementary and middle schools. These starter kits were developed in English and in Spanish.</li> <li>CMS has created toolkits for high school pre-prom fashion shows.</li> <li>27 applications were received for March 2005 funding; 12 grants were awarded.</li> </ul>
Goal 2: By February 2006, policies/ guidelines in at least 30 school districts will increase by 25% to promote skin cancer prevention behaviors and environments to support the Colorado Cancer Plan 2005–2010 policy goal for schools.	2.1: Promote sample policies through CASB for use with local school boards.	✓		✓					<ul style="list-style-type: none"> <li>Participate in CSHP Policy Academy.</li> <li>Disseminate Fit Healthy and Ready to Learn document to local school boards of funded programs.</li> </ul>	<ul style="list-style-type: none"> <li>Funded schools and trained personnel have received FHRL and additional training.</li> </ul>
	2.2: Aid school districts in the developing, implementing, and evaluating policies/ guidelines.	✓						✓	<ul style="list-style-type: none"> <li>Conduct a minimum of two regional trainings for school personnel, focusing on CDC's seven guidelines for skin cancer prevention.</li> <li>Review grant recipients' plans to develop, implement, and evaluate policies/guidelines.</li> </ul>	<ul style="list-style-type: none"> <li>Trainings are scheduled in Grand Junction, Steamboat Springs, Granby, Sterling, and Alamosa.</li> <li>Grant plans evaluated; technical assistance provided.</li> </ul>

(continued)

**Exhibit 3-6. Overview of Sun Safe Colorado Year 3 Activities by Goal (continued)**

Colorado Goal	Objectives	Applicable Skin Cancer Guideline							Planned Activities in Year 3	Progress Made During Year 3
		1	2	3	4	5	6	7		
Goal 2 (cont'd)	2.3: Participate on the Colorado Cancer Coalition's skin cancer committee to update "schools" portion of the 2005 plan for 2010.	✓							<ul style="list-style-type: none"> <li>Attend committee meetings.</li> <li>Coordinate with CDE tobacco and nutrition staff to include schools goals for those areas in 2010 plan.</li> </ul>	<ul style="list-style-type: none"> <li>Attend monthly meetings.</li> <li>2010 Cancer Plan has been printed and disseminated.</li> </ul>
	2.4: Expand existing <i>Colorado Sun Safe Schools</i> Web site to compare data from previous entries.							✓	<ul style="list-style-type: none"> <li>Add features to the <i>Colorado Sun Safe Schools</i> Web site, including capability to see old data and update them.</li> </ul>	<ul style="list-style-type: none"> <li>Klein Buendel is currently revising Web site.</li> </ul>
	2.5: Analyze increase in policies from Web site data.	✓						✓	<ul style="list-style-type: none"> <li>Track baseline assessments and mid-year and end-of-year improvements of funded programs.</li> </ul>	<ul style="list-style-type: none"> <li>Analysis of policies is conducted by using information from the Web site and evaluations completed by grantees.</li> </ul>

(continued)

**Exhibit 3-6. Overview of Sun Safe Colorado Year 3 Activities by Goal (continued)**

Colorado Goal	Objectives	Applicable Skin Cancer Guideline							Planned Activities in Year 3	Progress Made During Year 3
		1	2	3	4	5	6	7		
Goal 3: By February 2006, the Colorado Cancer Plan 2005–2010 will increase to a minimum of five objectives that directly relate to school-aged children. By 2006, the CDE, CDPHE, and the Colorado Cancer Coalition will collaborate on implementation of objectives in the Colorado Cancer Plan.	3.1: Meetings between CDE, CDPHE, and the Skin Cancer Task Force will occur to focus on skin cancer prevention and education for school-aged children.			✓					<ul style="list-style-type: none"> <li>Work with the Skin Cancer Task Force to develop and implement objectives directed toward schools and school-aged children.</li> </ul>	<ul style="list-style-type: none"> <li>Colorado Cancer Plan was released in August 2005.</li> </ul>
	3.2: Increase surveillance through the YRBS increasing the total of sun safe behavior questions to six.							✓	<ul style="list-style-type: none"> <li>Work with CDPHE and YRBS interagency group to add questions to survey.</li> <li>Work with CDPHE Comprehensive Cancer and Health Statistics sections to increase the total of sun safe behavior questions to six.</li> <li>All sun safety-related data will be reported to the Skin Cancer Task Force.</li> </ul>	<ul style="list-style-type: none"> <li>Planning for CHS questions is in progress.</li> <li>Six sun safety questions are on the Child Health Survey (CHS). YRBS was not modified this year. CHS data are being analyzed by CDPHE and CDE.</li> <li>Information from the 2004 CHS was released in October 2005.</li> <li>Updates are made as information becomes available.</li> </ul>

Note: Guideline 1 = Policy; Guideline 2 = Environmental Change; Guideline 3 = Education; Guideline 4 = Family Involvement; Guideline 5 = Professional Development; Guideline 6 = Health Services; and Guideline 7 = Evaluation.

- maintaining, expanding, and evaluating the Sun Safe Colorado Web site (Klein Buendel);
- developing and designing promotional materials and Starter Kits for schools (Klein Buendel); and
- conducting train-the-trainer sun protection seminars (Klein Buendel).

#### ***3.1.8.2 Changes to Project Goals Over Time***

During the 3 years of funding, the project goals and objectives have changed slightly. For the most part, Goals 1 and 2 have been consistent, but Goal 3 has changed. A recent objective for Goal 3 was to include sun safety questions in the Youth Risk Behavioral Surveillance (YRBS) survey, whereas this had not previously been a focus. However, the team will not try to modify YRBS in future years, because they have realized these adaptations cannot be made. Within the work with schools, there have also been some changes in focus. While they previously encouraged schools to focus on education interventions, they are now emphasizing policy and systems-change efforts. Beyond these examples, the goals and objectives of the Colorado initiative have remained consistent.

#### ***3.1.9 Local Evaluation Plan***

A local evaluation plan has been developed with input from CDE, CDPHE, Klein Buendel, CRS, and the Skin Cancer Task Force. The evaluation plan provided by Colorado is a progress report-type document that outlines questions for schools to address in six key domains: policy, environment, education, family involvement, professional development, and health services. The questions under each domain will ultimately provide data on how the mini-grant schools have made changes and impacted their school as a result of the funding received for this initiative.

Much of the evaluation effort to date has focused on evaluating the trainings, although this is expanding to include data collection from the schools, as discussed above. Schools currently complete an online assessment before they get funded and again before they complete their funding. In the past, CDE has tried to collect evaluation data from the schools through a survey (both electronically and through the mail), but it has been challenging to get schools to send in their responses. Instead, the Sun Safety Coordinator, Ms. Lisa Perry, will conduct site visits to the mini-grant schools to collect evaluation data, observe the structural changes that have been made at schools (e.g., shade structures), and speak with students to better understand the impact of the school-based efforts.

On a statewide level, modifications have been made to the Child Health Survey to include skin cancer-specific measures. This survey targets children up to age 12 and will be conducted annually for the next 2 to 3 years and biannually thereafter. Although the team wanted to include skin cancer questions on the state's YRBS survey, they found it was not possible to modify the questionnaire because of various constraints at the state.

CDE and CDPHE staff acknowledge that the evaluation has been challenging. They feel that the data collected contain a wealth of useful information, but they now need to focus on interpreting and translating the data into a meaningful report. Although CDE originally conducted much of the data collection, analysis, and reporting of the evaluation data, they are now sharing some of this responsibility, especially around analysis and reporting, with CDPHE. This decision was largely based on the evaluation expertise and experience available through CDPHE staff. One of the lessons learned from this process is that CDE and CDPHE should have talked about the evaluation resources within each organization earlier in the grant funding cycle. Nonetheless, changes are now being made to accommodate the different skills that each person and organization brings to the partnership.

### **3.1.10 Initiative Successes**

CDE and CDPHE staff cited the number of schools that have received skin cancer prevention education and have implemented interventions through the mini-grants funding mechanism as a major success of the initiative. The mini-grants encouraged schools to build shade structures, plant trees, educate staff and students, and implement school policies regarding sun safety issues. Many of these skin cancer prevention strategies had not been in place prior to Colorado receiving CDC funding. They feel that the initiative has been successful because of the way they decided to disperse the funding. The schools are very enthusiastic and fairly self-sufficient in conducting the work. Furthermore, by reaching out to local schools, more can be accomplished because contacts at each school know the school environment and know how to make changes happen within their school.

### **3.1.11 Challenges and Lessons Learned**

CDE and CDPHE staff identified several barriers and challenges to the success of the initiative. Many of the school policy decisions within Colorado are made at the local level rather than statewide so enacting school policy change can take time. Rather than push for all schools within the state to pass a sun safety-related policy, advocates need to work within each school district or even within each school. Addressing these same issues with each school can take more time and effort than would be required for a statewide policy.

Another challenge CDE reported was in collecting evaluation data. Staff within schools are pressed for time and have many tasks to cover each day. It has been hard to get schools to return the necessary data, which is why Ms. Perry plans to go to the schools to talk with people and get the information needed through site visits. The expectation is that by going to the schools, Ms. Perry will not only be able to get the information needed but will also be able to see the changes and impact of the project first-hand.

A final challenge mentioned by CDE is that the fiscal year begins (April–May) just as the school year ends, which is a prime time for people to think about sun safety issues given

the solar calendar. Motivating schools to think about sun safety in the fall and winter can be difficult because the topic may not seem as relevant at that time.

CDE and CDPHE felt that one of the most valuable lessons they learned through this work has been the value and importance of partnering with other agencies to complete the project. CDPHE acknowledged that they have limited experience working with schools so the partnership with CDE has been extremely beneficial. CDE and CDPHE can now collaborate on other work in the future and build a long-lasting relationship. At the same time, CDE has benefited by working with CDPHE and the other partners because of the various types of expertise each partner brings to the group.

### **3.1.12 Conclusion**

CDE and CDPHE have come together to form a strong partnership to address sun safety issues in schools. Building on previous work with CSHP and skin cancer prevention programs, they have identified mini-grant funding mechanisms as the most effective way to implement sun safety interventions to reach students and school staff. Beyond the mini-grants, Sun Safe Colorado has developed a Web site and is implementing anti-tanning for teens initiatives to expand their reach and increase their impact across the state. Although there have been some challenges, CDE and CDPHE have continued to collaborate and work through any issues to form a strong partnership that will likely exist beyond this initiative. The partnerships formed through this grant continue to work together to search out additional funding to sustain and further skin cancer prevention activities in Colorado. The recent award to Klein Buendel (the Comprehensive Skin Cancer Prevention grant) to continue this important work in school settings, as well as in worksites and clinics, reflects the ongoing, additional funding for these efforts and the commitment of the partnerships to continue skin cancer prevention education and activities in the state.

## **3.2 Michigan**

The Michigan partners in this national initiative include the Michigan Department of Education (MDE), the Michigan Department of Community Health (MDCH), and the American Cancer Society (ACS)—Great Lakes Division, Inc. These organizations had a history of cross-collaboration prior to this initiative. By focusing their efforts on strengthening their relationships with each other and with local, state, and regional partners, they have been able to develop creative ways to promote sun safety within a coordinated school health setting and across the state. This section describes each partnership organization's history, their past and present efforts to address sun safety, how the partners have worked together to implement project activities, and overall lessons learned in the process.

### **3.2.1 History and Mission of Cancer Control and Education in Michigan**

#### **3.2.1.1 Michigan Department of Education**

The Michigan State Board of Education serves as the administrative arm of MDE. MDE's mission is to provide leadership and support for excellence and equity in education (MDE, 2006). Michigan's leadership in public education can be traced as far back as the 19th century. In 1809, judicial districts created schools and levied taxes to support them. Twenty years later, school districts were divided up by the Territorial Council, giving the state the right to supervise schools. Michigan's first constitution created a Superintendent of Public Instruction, John D. Pierce, in 1835. Pierce, who served as a frontier missionary, was Michigan's first superintendent and the first independent administrator of education appointed under a state constitution in the United States. The State Board of Education's current responsibilities were established by the 1963 State Constitution (MDE, 2006).

#### **3.2.1.2 Michigan Department of Community Health**

MDCH is one of 20 departments of state government. The department, one of the largest in state government, is responsible for health policy and management of the state's publicly-funded health service systems. Created in 1996, MDCH was a consolidation of the state's Department of Public Health; the Department of Mental Health; and the Medical Services Administration, the state's Medicaid agency. The Office of Drug Control Policy and the Office of Services to the Aging were later merged with MDCH. The Cancer Prevention and Control Section, a part of MDCH's Division of Chronic Disease and Injury Control, includes two units: the Breast/Cervical Cancer Control Program and the Comprehensive Cancer Control Program (MDCH, 2006). MDCH's mission is to protect, preserve, and promote the health and safety of the people of Michigan with particular attention to providing for the needs of vulnerable and underserved populations.

#### **3.2.1.3 American Cancer Society—Great Lakes Division, Inc.**

ACS is a nationwide community-based voluntary health organization. ACS's mission is to eliminate cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer through research, education, advocacy, and service. Founded in 1913 and with national headquarters in Atlanta, ACS has 13 regional divisions and local offices in 3,400 communities, involving millions of volunteers across the United States (ACS, 2006). ACS—Great Lakes Division serves Michigan and Indiana, with a staff of 300 and more than 165,000 volunteers. The regional chapter is home to more than 30 community-based offices. A 2004–2005 annual report highlights the regional chapter's commitment to increasing public awareness of cancer issues through its more than 200 Relay for Life events held this past year in the region. The organization has also advocated for cancer issues through its Action Network<sub>SM</sub>, a grassroots effort by citizens concerned about cancer to contact their elected officials encouraging priority attention to the issue. In 2004, the Great Lakes Division's Action Network reached a membership of 5,259, and 530



Michigan and Indiana residents attended Lobby Days to advocate for public policy supporting the organization's mission and protecting the rights of cancer patients and their families (ACS, 2005).

### **3.2.2 History of Skin Cancer Prevention**

#### **3.2.2.1 Within Schools**

Skin cancer prevention within schools had minimal focus by the state's education agency (MDE) prior to CDC funding of this initiative. Established in 1985 as a cooperative effort of seven state agencies (including MDE and MDCH), the Michigan Model for Comprehensive School Health Education® serves as the state's primary health education curriculum for grades kindergarten through 12. The curriculum is implemented in 94% of the state's 554 school districts and addresses such topics as physical activity, nutrition, personal hygiene, violence prevention, alcohol and drug prevention, and social and emotional health.

Michigan's network of 26 regional Comprehensive School Health Coordinators, who provide in-service (i.e., professional training) support for classroom teachers and school staff, are responsible for implementing and disseminating CSHP throughout Michigan (EMC, 2005). Coordinators provide sun safety education to teachers and encourage implementation of sun safety lessons for all school-aged youth.

Prior to this initiative, skin cancer prevention within the school health curriculum had been addressed through limited sun safety lessons taught only at the elementary grade levels. Since funding began in 2003, MDE has successfully integrated more sun safety lessons into the state health curriculum. This has included the introduction of new cross-curricular activities for middle school and high school students. Additionally, the state has recently received feedback on the fourth and fifth grade sun safety lessons from content experts and expects to have these lessons ready for teacher in-services and dissemination by September 2006.

#### **3.2.2.2 Across the State**

According to CCC staff, the CCC Program's past contribution to sun safety education was limited to previous federal requests for funding in this area and two state-supported skin cancer prevention projects. One CCC staff member noted that the organization had previously applied for CDC funding for skin cancer prevention but was unsuccessful at securing funding. One of these state-supported skin cancer projects focused on skin cancer education in an elementary school setting. The other project, funded through the MDCH Cancer Prevention and Control Section, had a community-based public health focus and provided funds for one community to implement sun safety activities through a local health department. These projects were implemented and completed in the 1990s.

### 3.2.3 Current Priority of Skin Cancer Prevention

State partners were asked, “How does skin cancer prevention fit into the current priorities of your organization?” There was consensus among state partners that the lack of attention to skin cancer prevention has not impeded partners’ efforts to implement sustainable activities.

As a result of competing health issues, skin cancer prevention is not considered a state CCC priority at this time. The Michigan Cancer Consortium (MCC) is the CCC partnership, which transitioned in 1997 from an MDCH advisory group of individual cancer control experts to a consortium of organizations dedicated to working together to reduce the impact of cancer on Michigan residents. The MCC is now a statewide network of 80 public and private organizations that partners with MDCH to plan, implement, and evaluate priority cancer control objectives and strategies. ACS—Great Lakes Division has played an important leadership role since the inception of the MCC. In June 1998, MCC developed a strategic statewide comprehensive cancer plan that focused on achieving 10 cancer control priorities, launching the MCC initiative (MCC, 1999). These 10 priorities are listed in Exhibit 3-7.

#### **Exhibit 3-7. Michigan Cancer Consortium Initiative Top 10 Cancer Control Priorities, 1998–2002**

- 
- Increase breast cancer rates of screening and use of preventive services.
  - Increase cervical cancer rates of screening and follow-up.
  - Increase colorectal cancer rates of screening and follow-up.
  - Reduce smoking prevalence and consumption among adults and youth.
  - Increase public awareness of prostate cancer treatment options, side effects, and quality-of-life issues.
  - Increase the number and diversity of participants in clinical cancer research.
  - Establish a statewide clinical and cost database for breast, cervical, colorectal, lung, and prostate cancers.
  - Increase the timeliness of referrals to end-of-life care for cancer patients.
  - Develop and promote standardized lexicons and reporting formats for cancer.
- 

The plan was last updated in 2005 and, although the previous 10 priorities have been somewhat refined, skin cancer is still not included among the list of cancer control priorities (Exhibit 3-8). According to a CCC staff member, the consideration of skin cancer as a state priority will depend in part on results of epidemiological data currently being tracked by the MCC and MDCH. If new epidemiological data suggest that skin cancer should be an MCC priority, the results will be presented to the MCC board for further consideration.

**Exhibit 3-8. Michigan Cancer Consortium Initiative Top 10 Cancer Control Priorities, 2005**

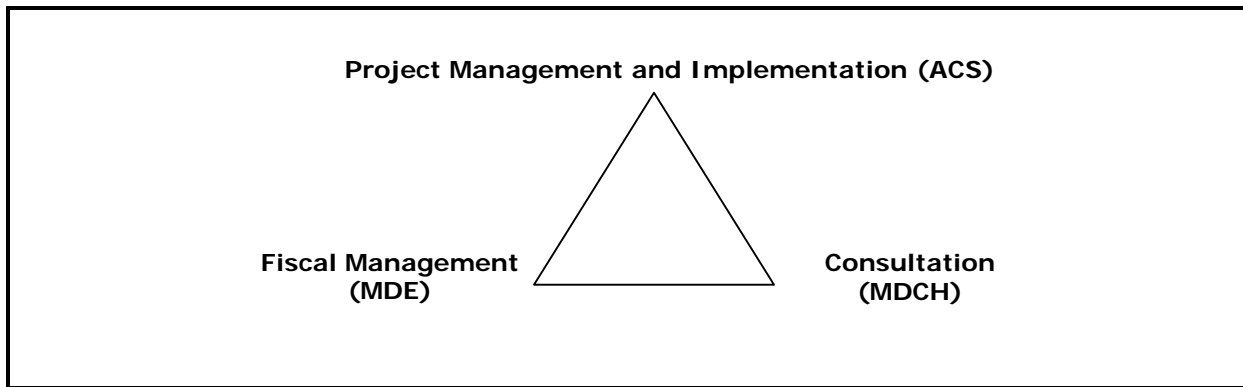
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- Increase early detection of breast cancer.
  - Increase early detection of cervical cancer.
  - Increase early detection of colorectal cancer.
  - Improve prostate cancer patient education.
  - Reduce smoking rates for adults and teens.
  - Increase participation/diversity in cancer clinical trials.
  - Develop/promote standardized lexicon for pathologists, surgeons, and radiologists.
  - Increase timeliness of referrals to end-of-life care.
  - Develop central database linking cancer clinical and cost data.
- 

The state's lack of attention to skin cancer prevention has not impeded implementation of project activities and efforts among partners to implement sustainable activities. Such efforts have included incorporating sun safety lessons in the health curriculum and including sun safety questionnaire items on the Healthy School Action (HSAT), the state's premier tool for school health assessment. Furthermore, the incorporation of existing physical activity programs and initiatives into sun safety activities has helped to bring more visibility to the issue by promoting the need for sun safety while engaged in physical activity. Without this connection to a priority issue, such as physical activity, staff feel that sun safety would not get the attention it does now. Similarly, without CDC funding, the partners believed that skin cancer prevention for young people would have remained at the minimal level; thus, the middle and high school sun safety lessons would not have been developed without CDC funding.

**3.2.4 Partnerships**

The primary partners in the Michigan effort are MDE, ACS—Great Lakes Division, and MDCH—Comprehensive Cancer Control Section. As the fiscal agent, MDE provides fiscal oversight of the state initiative, provides consultation, and ensures that grant requirements are met. The regional ACS leads project implementation using the Slip! Slop! Slap! campaign, a sun safety education campaign adopted from Australia. ACS staff also review sun safety lessons produced by the curriculum writer. MDCH provides oversight to project implementation and provides consultation as needed. One staff member characterized the partnership as a "triangle" and described ACS as "the bridge" when it comes to implementation. Funding that goes to MDE is passed on to ACS, which is in a better position to coordinate and implement the initiative. ACS is in a better position to lead implementation because the organization does not face the same red tape that state agencies (i.e., MDE or MDCH) face in administering the funds themselves. Exhibit 3-9 graphically depicts this partnership as described by this staff member.

**Exhibit 3-9. Key Partners in the Michigan Sun Safety Initiative**

The core team—composed of MDE, ACS, and MDCH staff—meet monthly for information/resource sharing and project development. The partners worked together to develop the work plan and make key decisions as a group. Depending on the current priorities and focus of activities, other staff and representatives from other partner organizations are also invited to the meetings. Collaboration and cross-representation on committees are also key elements of the partnership. Since 1997, MDE and MDCH have served as members of MCC work groups targeted to youth. MDE, MDCH, and ACS staff are also involved in other local organizations and initiatives, including (1) a Coordinated School Health Leadership Institute, which is a partnership between the Indiana Department of Education, ACS—Great Lakes, and MDE to fund and develop a Coordinated School Health Institute for school districts/corporations in Indiana and Michigan; (2) the Michigan Action for Healthy Kids (MAFHK), a state coalition dedicated to improving children’s educational performance through nutrition and physical activity; and (3) consortium meetings that discuss revisions to the Michigan Model<sup>®</sup>.

**3.2.4.1 Partnership Benefits**

ACS’s role in project implementation was cited as one of the main benefits to the state partnership. As a major cancer organization, ACS’s knowledge and expertise in cancer-related issues has been very beneficial to the group. As a result of this project, the relationship between ACS and MDE has strengthened, and the group gets “tied into the right people and important initiatives quickly because of this relationship.” This, in turn, has increased ACS’s capacity for assessing school-aged youth. According to staff, this project has helped position ACS as a primary partner for activities related to youth and health.

To promote skin cancer prevention across the state, project staff chose to link sun safety activities with priority health issues (e.g., physical activity). ACS’s signature fundraising event, Relay for Life, is used to promote sun safe behaviors among youth. Relay for Life events in 98 communities across the state promote sun safety through signage,

announcements, and activities. Moreover, the recent hiring of an MDCH staff person with expertise in physical activity and existing relationships with schools was yet another partnership effort to promote the issue. According to staff, this individual's background complements the project's goals and objectives and has helped to build existing linkages and establish new ones with regard to sun safety and physical activity.

Because MDE had existing relationships with schools across the state, the impact of the partnership in increasing access to schools "has not been a real issue," according to one staff member. Therefore, the ongoing connection with schools has facilitated the delivery and implementation of project activities. This is perhaps most evident from the incorporation of sun safety lessons into the health curriculum and ACS's recent funding of a success story Web site, which is due to go live in April 2006. The Web site, coordinated through MDCH, will enable schools to document and share successes related to coordinated school health.

The benefits realized as a result of the Michigan partnership have included having a strong leadership base, a foundation of existing relationships with other community partners, and staff expertise and involvement in the community. According to one staff member, these partnership attributes have facilitated the promotion of sun safety activities. Several staff members all work together on multiple projects, which has made it easier to get them all on board.

The partnership has been described as a "natural fit." The partners are able to work collaboratively by drawing on resources and expertise from all partners. By joining forces, the partnership has expanded its capacity to reach schools and promote youth skin cancer prevention efforts. As one staff member noted,

*"It is always good when Education and Cancer can work together. We've all worked together in the past and there is a successful division of labor among the groups. The way the work is divided up seems to make sense."*

#### *3.2.4.2 Partnership Challenges and Lessons Learned*

Despite the mutual benefits associated with this partnership, staff also discussed several challenges that the group has faced over the past few years. The MDCH (CCC) partner has found it challenging to advocate for skin cancer and incorporate this issue into CCC's work and priorities. Because sun safety is not a top priority for CCC, staff have had to increase their efforts at "selling" the idea of sun safety and identify ways to link sun safety with higher priority issues, such as physical activity. Despite the lack of attention given to skin cancer by the state, the MDCH partner in this project has had some success with publishing sun safety materials within CCC and is working on developing a possible MCC work group to address skin cancer prevention, given the rising malignant melanoma rates in the state. Although the work of CCC provides little opportunity for promoting skin cancer, one staff

member stressed that CCC is very supportive of the group's efforts and finds ways to support the project as much as possible.

The challenges faced by the partnership have not impeded implementation of activities, and staff have learned several lessons in the process. By aligning itself with another cancer organization (ACS), the partnership is able to promote skin cancer prevention in a way that CCC cannot do alone (given skin cancer's lower priority in CCC). Staff feel that by demonstrating a relationship with ACS, MDE could have easily applied for funding, making ACS the primary cancer partner. As one partner stated,

*"We've learned that there doesn't need to be a state health agency as the mover and shaker (lead) to partner around cancer issues. It still works when ACS takes the lead."*

### **3.2.5 Staffing**

Six key staff members work together to coordinate and implement the activities of this state effort. All staff are part-time on the project, and there are no plans to hire additional staff. As mentioned above, the staff on the project come from MDE and MDCH. Both branches have partnered with ACS to implement the intervention in schools across the state. Funding for the project is administered directly to the state education agency, which in turn provides funding to ACS for project activities and project management. MDE and MDCH both advise on the project, with all three groups contributing to the development of the work plan.

Ms. Martha Neilsen of MDE has been serving as Project Manager for this state initiative since funding began in October 2003. In her role, she is responsible for ensuring that the grant requirements are met. This includes overseeing the appropriate channeling of funds to key partners and coordination and submission of progress reports to CDC. Ms. Neilsen has no direct prior experience with skin cancer prevention, but she has worked extensively with school health programs before this project. She has also worked on a curriculum entitled, "Model Health," which included a skin cancer component.

As Program Director for Comprehensive Cancer Control at MDCH, Ms. Patricia Brookover's primary duties are to represent comprehensive cancer on the Michigan Sun Safety project. Prior to this skin cancer prevention project, Ms. Brookover had worked on applications for two other skin care grants that did not get funded. Through that application process, she had made contacts with key skin cancer prevention partners in Michigan, which provided her with initial knowledge of the skin cancer prevention resources that are available in the state. Currently, Ms. Brookover serves on the steering committee and provides consultation to project staff at MDCH and ACS. She is not involved directly in project implementation but does provide some oversight over the effort.

For ACS, Ms. Dru Szczerba serves as the full-time, primary contractor for this project. Her past experience in skin cancer prevention is the most extensive of ACS—Great Lakes staff.

Ms. Szczerba's prior experience includes coordinating skin cancer screenings in Metro Detroit, coordinating Skin Cancer Detection Day with the Michigan Dermatological Society, and coordinating Indiana screenings with hospitals. She also provides consultation on sun safety and offers staff trainings on the topic, as needed. Ms. Szczerba attended an ACS national training on sun safety and has promoted sun safety in youth populations through school nurses and signage at public pools.

Ms. Szczerba's current responsibilities as the primary contractor for the skin cancer project include supervising and coordinating the efforts of Amy Malow and Deborah Grischke, the two ACS staff members who are directly involved with activity implementation. Ms. Szczerba meets with them regularly to ensure that project goals and objectives are being accomplished. In addition, Ms. Szczerba helps with ACS systems and works with the communications department to get sun safety information on the Web.

To provide ongoing evaluation support, ACS elected to hire a consultant to perform evaluation activities for the sun safety project. Ms. Anne Murphy has written an evaluation plan, which will continue to be used in the coming months.

In addition to these primary staff members, several mini-grant recipients were instrumental in implementing skin cancer prevention interventions in schools. Teachers and members of the Parent, Teacher, Student Association (PTSA), particularly board member Ms. Barb Flis, have been active in getting messages to children in schools across the state.

The only significant change in staffing at MDCH has been the hiring of Lisa Grost, who now serves as the primary physical activity consultant. In the past, Ms. Grost has worked with schools and has many contacts with skin cancer prevention partners. This, coupled with the natural connection between physical activity and sun safety, led the project team to solicit her assistance on this project. In the future, MDCH plans to have Ms. Grost more involved on the steering committee by serving as the primary consultant to the steering committee on all sun safety grant activities.

### **3.2.6 Funding**

MDE received approximately \$184,000 from CDC in each of their four project years to support school-based skin cancer prevention efforts in Michigan schools. Exhibit 3-10 provides an overview of the funding requested and received for each funding year.

Of the CDC monies received for the last fiscal year, 66% (\$121,686 per year) was allocated to project implementation. These funds were transferred directly to ACS, which is serving as the primary source of intervention activities. MDE has allocated 2% of its total budget to evaluation of project activities. ACS is responsible for the distribution of funds for evaluation, and they have elected to hire an outside consultant for this purpose. Although MDE does not have a direct relationship with the consultant, a portion of the 2% evaluation budget goes toward her services.

**Exhibit 3-10. Amount of CDC Funding Per Fiscal Year, Michigan**

Funding Year	Dollars Requested from CDC	Dollars Awarded by CDC	Additional Non-CDC Support		Dollars Expended
			Funding (Source)	Other Resources (i.e., In-Kind Services) (Source)	
Year 1 (2003–2004)	\$184,372	\$184,372	N/A	N/A	\$184,372
Year 2 (2004–2005)	\$200,000	\$184,372	N/A	N/A	\$184,372
Year 3 (2005–2006)	\$184,616	\$184,372	N/A	N/A	\$184,372
Year 4 (2006–2007)	\$184,375				

The state and ACS awarded mini-grants for sun safety to 10 Michigan schools during the 2004–2005 school year. Each school was given \$500 per year (for a total of \$5,000 per year for the 10 schools), as well as education extender resources, reproducible sun safety information sheets, and sun safety activity ideas. Additional mini-grants were awarded during winter 2005–2006. The interventions associated with these mini-grant funds will take place in spring and summer 2006. Exhibit 3-11 lists mini-grant recipients and their funding amounts for the specific award period.

**Exhibit 3-11. Funding Allocated to Mini-Grants for Project Implementation**

Mini-Grant Recipient	Number Awarded	Dollars Awarded	Funding Period
Teen health centers	4	\$2,000 in cash awards (four at \$500 each) plus resources valued at \$12,212 (\$3,053 per center)	Winter/spring 2004
4-H clubs	4	Resources valued at \$3,648 (\$912 per club)	Summer 2004
Schools/parent groups	10	\$5,000 in cash awards (10 at \$500 each) plus resources valued at \$24,226 (\$2,422 per school)	Winter/spring 2005
Schools/coordinated school health teams	5	\$5,000 in cash awards (five at 1,000 each) plus resources valued at \$15,322 (\$3,064 per school)	Winter/spring 2005
Schools/parent groups	5	\$2,500 in cash awards (five at \$500 each) plus resources valued at \$15,054 (\$3,011 per school)	To occur winter/spring 2006



In RTI's January 2005 interview with key staff, it was reported that additional funding sources were still being explored by MDE. Throughout the course of the project, efforts were made to establish financial partnerships with companies and organizations, including efforts to establish a relationship with Kmart to assist in promoting the intervention activities. However, these efforts have not been successful. MDE and ACS hope that some activities will be sustained after CDC funding has ended for the project through the Michigan PTSA and other state partnerships. A line item has been added in the PTSA budget to include \$350 for Relay for Life, and the PTSA will continue to purchase sunscreen for classrooms.

### **3.2.7 Implementation of CDC Skin Cancer Guidelines and Current Activities**

The Michigan partners wanted to have an impact in all areas and therefore chose to address all seven CDC skin cancer guidelines during the course of the project. The guidelines chosen were a determining factor in selecting key partners. Staff had existing relationships with local and state partners who themselves had existing connections to school-aged youth. Early on, the staff realized the importance of making these connections in ways that could be sustainable, and they selected partners who could easily carry out project activities once federal funding ended.

The Michigan Sun Safety project has four overarching goals:

- Goal 1: Building partnerships. To build partnerships among key stakeholders in health and education to reduce risk for skin cancer and promote sun safety among youth through CSHP.
- Goal 2: Policies and programs. To facilitate state and local district adoption and implementation of policies and programs to promote sun safety and reduce exposure to UV radiation among youth, through CSHP.
- Goal 3: Comprehensive school health education. To provide age-appropriate education to students as part of a CSHP, which teaches the knowledge, attitudes, and behavioral skills needed to prevent skin cancer and incorporates opportunities for practicing sun safety behaviors.
- Goal 4: Dissemination. To increase dissemination of effective core messages, programs, policies, strategies, and resources regarding sun safety and skin cancer prevention through CSHP.

Michigan has outlined several objectives to reach these four goals. These objectives will be achieved through activities that take place over the course of the project. Activities involve various state partners and range from school-based lessons on sun safety to meetings with the project team. Year 3 final progress reports are not yet available; therefore, Exhibit 3-12 summarizes partner activities carried out as of the mid-year progress report within the current fiscal year (2005–2006). The exhibit also outlines activities by project goals, objectives, and related CDC skin cancer guidelines, as well as Year 3 planned activities as identified in the Year 1 progress report. Appendix E presents planned activities for Year 4 (2006–2007).

**Exhibit 3-12. Overview of Michigan Sun Safety Year 3 Activities by Goal, Objective, and Guideline**

Michigan Goal	Objective	Applicable Skin Cancer Guideline							Planned Activities in Year 3 from Work Plan	Progress Reported in Year 3 Mid-Year Report
		1	2	3	4	5	6	7		
Goal 1: Building partnerships. To build partnerships among key stakeholders in health and education in order to reduce risk for skin cancer and promote sun safety among youth through coordinated school health programs (CSHP).	1.1: To assess progress on the objectives of the CDC/DASH supplemental grant for skin cancer prevention and identify gaps and areas for future focus.								Project team will meet regularly to discuss grant progress, identify responsibilities, discuss issues, review the results of process evaluation, and determine next steps.	<p>In progress and ongoing:</p> <ul style="list-style-type: none"> <li>Project team meets regularly to discuss grant progress, identify responsibilities, discuss issues, review the results of process evaluation, and determine next steps.</li> <li>Ongoing assessment of progress and identification of gaps continues through monitoring and evaluation. Team continues to identify stakeholders to expand project and explore new opportunities for collaboration.</li> </ul>
	1.2: MDE will award designated grants to ACS and MDCH (CCC) to coordinate partnership activities of the grant.								No activities listed.	<p>Met and exceeded:</p> <ul style="list-style-type: none"> <li>ACS: Awarded one grant for project management/general oversight of project implementation, which includes coordination of mini-grants, special events, brand promotion, message/collateral dissemination, relationship building/partnerships, and budget spending.</li> <li>MDCH: Awarded one grant to facilitate collaboration/coordination with state CCC activities and serve on project team.</li> </ul>

(continued)

**Exhibit 3-12. Overview of Michigan Sun Safety Year 3 Activities by Goal, Objective, and Guideline (continued)**

Michigan Goal	Objective	Applicable Skin Cancer Guideline							Planned Activities in Year 3 from Work Plan	Progress Reported in Year 3 Mid-Year Report
		1	2	3	4	5	6	7		
Goal 1 (cont'd)	1.3: Develop and disseminate a 5-year plan with reasonable and measurable goals to reduce the risk for skin cancer and promote sun safety through CSHP. An evaluation plan (process and programmatic) will be developed that is parallel to the work plan. The plan will address the three main goals of the Michigan Cancer Consortium Initiative and CDC's seven "Guidelines for School Programs to Prevent Skin Cancer."								✓ State, regional, and local health and education partners will participate as a sun safety advisory group to provide input on the 5-year plan and assist in the implementation of grant activities. Members will include MCC organizations, Michigan Dermatological Society, Michigan PTSA, Michigan School Nurses Association, Michigan-based manufacturers of sun safety products, Michigan Parks and Recreation, Michigan High School Athletic Association, Health Education teachers, student leaders, and others.	Met and exceeded and ongoing: <ul style="list-style-type: none"> <li>A sustainability plan was developed to build and maintain awareness, provide ongoing education, and ultimately change behavior. The sustainability plan represents key partnerships and associated initiatives that can be realistically sustained and maintained without ongoing grant funding. Current (and future) funding is being used to further develop capacity and more widely disseminate resources necessary to expand our sustainable reach, allowing us to reach more individuals on an ongoing basis with high-quality sun safety messages and effective interventions.</li> <li>MCC overall goals support reduction of cancer morbidity and mortality. However, MCC's current priority objectives do not address sun safety.</li> </ul>

(continued)

**Exhibit 3-12. Overview of Michigan Sun Safety Year 3 Activities by Goal, Objective, and Guideline (continued)**

Michigan Goal	Objective	Applicable Skin Cancer Guideline							Planned Activities in Year 3 from Work Plan	Progress Reported in Year 3 Mid-Year Report
		1	2	3	4	5	6	7		
Goal 1 (cont'd)	1.4: Sustain established partnerships with Michigan organizations that promote and encourage sun safety initiatives for youth. Coordinate sun safety awareness activities with new organizations, when appropriate.			✓	✓	✓	✓		<ul style="list-style-type: none"> <li>Continue to coordinate with the Governor's Council on Physical Fitness, Health, and Sports to integrate sun safety messages into their initiatives (e.g., Safe Routes to School and All Children Exercise Simultaneously).</li> <li>Continue to coordinate with the Michigan High School Athletic Association to integrate sun safety messages into their initiatives.</li> <li>Continue to coordinate with five school-based health centers to provide sun safety information and products to student populations who may be at risk for skin cancer. Support locally developed mini-grant initiatives and products to Michigan PTSA staff, parent leaders, local parent groups, teachers, students, and Board of Managers. Support locally developed mini-grant initiatives.</li> </ul>	<p>Met and exceeded and ongoing:</p> <ul style="list-style-type: none"> <li>Reproducible sun safety information sheets have been incorporated into the Safe Routes to School toolkit (n = 500 toolkits distributed) produced by the Governor's Council on Physical Fitness, Health, and Sports.</li> <li>Continue to coordinate with the Michigan High School Athletic Association to integrate sun safety messages into their initiatives.</li> <li>Continue to coordinate with five school-based health centers to provide sun safety information and products to student populations who may be at risk for skin cancer. Support locally developed mini-grant initiatives.</li> <li>Continue to coordinate with Michigan PTSA to provide sun safety information and products to PTSA staff, parent leaders, local parent groups, teachers, students, and Board of Managers. Support locally developed mini-grant initiatives.</li> </ul>

(continued)

**Exhibit 3-12. Overview of Michigan Sun Safety Year 3 Activities by Goal, Objective, and Guideline (continued)**

Michigan Goal	Objective	Applicable Skin Cancer Guideline							Planned Activities in Year 3 from Work Plan	Progress Reported in Year 3 Mid-Year Report
		1	2	3	4	5	6	7		
Goal 1 (cont'd)	1.4 (cont'd)								<ul style="list-style-type: none"> <li>Explore corporate sponsorship to enhance grant activities.</li> </ul>	<ul style="list-style-type: none"> <li>Sun safety messaging and activities took place at Relay for Life events throughout Michigan during spring/summer 2005 (n = 150 events). A Sun Safety Toolkit for Relay is being developed and will be distributed to local ACS offices throughout Michigan and Indiana at the annual Relay for Life training conference. The toolkit included a sun safety activity guide specific to Relay events, reproducible fact sheets, DJ announcements, <i>Slip! Slop! Slap!</i> Buttons, and a UV-sensitive <i>Slip! Slop! Slap!</i> Frisbee.</li> <li>Sun safety messages were printed on ACS check stubs during May for Michigan and Indiana (n = 321 staff members).</li> </ul>

(continued)

**Exhibit 3-12. Overview of Michigan Sun Safety Year 3 Activities by Goal, Objective, and Guideline (continued)**

Michigan Goal	Objective	Applicable Skin Cancer Guideline							Planned Activities in Year 3 from Work Plan	Progress Reported in Year 3 Mid-Year Report
		1	2	3	4	5	6	7		
Goal 1 (cont'd)	1.4 (cont'd)									<ul style="list-style-type: none"> <li>Continue to develop a more elaborate <i>Slip! Slop! Slap!</i> Web page consistent with the brand that has been developed for this project. Continue to work with ACS at the national level to incorporate products developed through this project for national promotion and distribution to other states.</li> <li>Distributed reproducible sun safety information sheets and project background information to annual Michigan Association of School Nurses conference (n = 125 school nurses). Published project background information and reproducible sun safety information sheets to Physical Health and Prevention section of Web site (n = unlimited).</li> <li>Coordinate all activities around <i>Michigan Model for Comprehensive School Health Education</i> sun safety lessons development/distribution. Collaborate with MDCH and other key partners to monitor, maintain, and promote Health School Action Tool (HSAT).</li> </ul>

(continued)

**Exhibit 3-12. Overview of Michigan Sun Safety Year 3 Activities by Goal, Objective, and Guideline (continued)**

Michigan Goal	Objective	Applicable Skin Cancer Guideline							Planned Activities in Year 3 from Work Plan	Progress Reported in Year 3 Mid-Year Report
		1	2	3	4	5	6	7		
Goal 1 (cont'd)	1.4 (cont'd)									<ul style="list-style-type: none"> <li>▪ A request for application for mini-grants to schools to conduct the HSAT and subsequent sun safety interventions was released and 10 schools were awarded grants during the 2004–2005 grant year. Schools were located in counties with a high incidence of melanoma.</li> <li>▪ Currently collaborating with the Michigan Association of Health, Physical Education, Recreation, and Dance to develop a sun safety component for <i>Safety Guidelines for Physical Education in Michigan</i>. Guidelines will be distributed to K through 12 schools throughout Michigan.</li> <li>▪ Distributed sunscreen and reproducible sun safety information sheets to Great Lakes Rendezvous participants (n = 160 Michigan boaters).</li> </ul>

(continued)

**Exhibit 3-12. Overview of Michigan Sun Safety Year 3 Activities by Goal, Objective, and Guideline (continued)**

Michigan Goal	Objective	Applicable Skin Cancer Guideline							Planned Activities in Year 3 from Work Plan	Progress Reported in Year 3 Mid-Year Report
		1	2	3	4	5	6	7		
Goal 1 (cont'd)	1.4 (cont'd)									<ul style="list-style-type: none"> <li>▪ Displayed at the annual Michigan PTSA convention and distributed reproducible sun safety information sheets and project background information to participants. Also conducted breakout session on the use of tanning booths among teens (n = 600 participants).</li> <li>▪ Request for application for mini-grants to school parent groups was released and 10 schools were awarded grants during the 2004–2005 school year. Schools were located in counties with a high incidence of melanoma. (n = 5,965 students). Another request for application process to promote sun safety is underway.</li> <li>▪ Currently working to develop a Sun Safety Toolkit for Parent Groups that will be released and widely distributed in early 2006.</li> <li>▪ Reproducible sun safety information sheets are being incorporated into the MAFHK Coalition Toolkit. Toolkit distribution to coalition members is planned for December 2005.</li> </ul>

(continued)



**Exhibit 3-12. Overview of Michigan Sun Safety Year 3 Activities by Goal, Objective, and Guideline (continued)**

Michigan Goal	Objective	Applicable Skin Cancer Guideline							Planned Activities in Year 3 from Work Plan	Progress Reported in Year 3 Mid-Year Report
		1	2	3	4	5	6	7		
Goal 2: Policies and Programs. To facilitate state and local district adoption and implementation of policies and programs to promote sun safety and reduce exposure to UV radiation among youth, through CSHP.	2.1: Disseminate sample local school policies, school self-assessment questions, and a recommended process regarding sun safety promotion through CSHP. Resources will include the <i>CDC Guideline; Fit Healthy, and Ready to Learn</i> ; and the Healthy School Action Tool (HSAT), Michigan's revised School Health Index.	✓		✓		✓			No activities listed.	Met and exceeded and ongoing: <ul style="list-style-type: none"> <li>HSAT is Michigan's tailored and revised School Health Index. HSAT includes seven sun safety items that address school policy and student/parent education and piggyback on questions related to physical activity.</li> </ul>

(continued)

**Exhibit 3-12. Overview of Michigan Sun Safety Year 3 Activities by Goal, Objective, and Guideline (continued)**

Michigan Goal	Objective	Applicable Skin Cancer Guideline							Planned Activities in Year 3 from Work Plan	Progress Reported in Year 3 Mid-Year Report
		1	2	3	4	5	6	7		
Goal 3: Comprehensive School Health Education. To provide age-appropriate education to students as part of CSHP, which teaches the knowledge, attitudes, and behavioral skills needed to prevent skin cancer and incorporates opportunities for practicing sun safety behaviors.	3.1: Finalize and make available age-appropriate lessons of the <i>Michigan Model for Comprehensive School Health Education</i> for middle school, high school, and alternative high schools, incorporating real-life opportunities to practice recommended sun safety behaviors.			✓		✓			Revise middle school, high school, and alternative high school lessons per pilot testing.	Met and exceeded and ongoing: <ul style="list-style-type: none"> <li>Finalized and incorporated middle school, high school, and alternative high school lessons for the <i>Michigan Model for Comprehensive School Health Education</i>.</li> <li>Planning for distribution of the lessons to Comprehensive School Health Coordinators training/promotion of use among teachers is under way.</li> </ul>
	3.2: Develop age-appropriate lessons of the <i>Michigan Model for Comprehensive School Health Education</i> for elementary school, incorporating real-life opportunities to practice recommended sun safety behaviors.			✓					No activities listed	<ul style="list-style-type: none"> <li>Drafting sun safety lessons for grades 4 and 5 is complete and pilot testing will occur winter 2006.</li> <li>Drafting of sun safety lessons for grades K through 3 is under way.</li> </ul>

(continued)

**Exhibit 3-12. Overview of Michigan Sun Safety Year 3 Activities by Goal, Objective, and Guideline (continued)**

Michigan Goal	Objective	Applicable Skin Cancer Guideline							Planned Activities in Year 3 from Work Plan	Progress Reported in Year 3 Mid-Year Report
		1	2	3	4	5	6	7		
Goal 4: Dissemination. To increase dissemination of effective core messages, programs, policies, strategies, and resources regarding sun safety and skin cancer prevention through CSHP.	4.1: Share policy and program recommendations with advisory group.	✓		✓					Present policy and program recommendations at one or more state-level conferences or trainings.	In progress and ongoing: <ul style="list-style-type: none"> <li>Program recommendations/resources and policies included in the <i>Fit, Healthy and Ready to Learn, Part II: Sun Safety</i> policy guide continue to be promoted and distributed through multiple venues.</li> <li>Project team continues to communicate and disseminate relevant project activities to constituents.</li> </ul>
	4.2: Explore media opportunities for sun safety promotion with ACS Communications Department. Will use existing media materials (e.g., ACS's <i>Slip! Slop! Slap!</i> , CDC's <i>Choose Your Cover</i> , and EPA's <i>Sunrise</i> materials).			✓					No activities listed.	In progress: <ul style="list-style-type: none"> <li>Meetings have been set up for late fall 2005/early winter 2006 to further explore media opportunities.</li> </ul>

Note: Guideline 1 = Policy; Guideline 2 = Environmental Change; Guideline 3 = Education; Guideline 4 = Family Involvement; Guideline 5 = Professional Development; Guideline 6 = Health Services; and Guideline 7 = Evaluation

### 3.2.7.1 *Mini-Grant Activities*

One of the most significant ways that the Partnership has been able to promote its sun safety efforts has been through the provision of mini-grants to local organizations. Staff cited several benefits in using mini-grants to promote sun safety. Because of the state's challenges in administering small pockets of money to organizations, staff have found it much easier to have organizations with established foundations (e.g., ACS) provide monies via mini-grants. Furthermore, mini-grants have been shown to be a good approach in promoting health issues and staff felt the strong need to get partners working on sun safety to determine what worked well and what activities could be sustainable. Because of the connection with Coordinated School Health Teams, staff also viewed this funding mechanism as a sustainable approach to implementing sun safety activities.

In selecting sites for mini-grants, the partnership decided to fund organizations that were located in high melanoma risk areas. In response to the CDC Skin Cancer Guidelines to involve families in skin cancer prevention efforts, the group has worked with the Michigan PTSA to issue mini-grants to local PTA groups. The PTA groups have conducted sun safety activities with their summer 4-H youth groups and are developing a parent kit on strategies for implementing sun safety activities. They have also been instrumental in distributing reproducible sun safety fact sheets to youth. In the 2004–2005 school year, a total of 10 school parent groups were awarded funding via mini-grants. In its work with coordinated school health, the partnership has made great efforts in promoting the Healthy School Action Tool (HSAT). Therefore, during the 2004–2005 school year, 10 schools were awarded mini-grant funding to conduct HSAT and to promote sun safety interventions with their schools.

To further promote sun safety among youth, the Michigan Sun Safety project has also issued mini-grants to teen health centers. Located in counties with high melanoma incidence rates, the teen health centers have conducted sun safety activities with teens and parents within the schools. As a part of the coordinator school health model, the involvement of these teen health centers in promoting sun safe behaviors is viewed as a sustainable activity. The group anticipates providing more mini-grants in the future. In fact, a request for proposals targeting parent groups in different school districts located in high risk melanoma areas is under way.

### 3.2.7.2 *Changes in Project Goals Over Time*

The project goals outlined in the previous section have remained fairly consistent throughout the 3 years of the Michigan Sun Safety project. However, there have been some changes to the objectives and activities that were planned by the project team. Initially, Michigan had planned to do a large media campaign on sun safety and skin cancer prevention. This plan was later reevaluated by the project team when it became clear that

increasing access to schools would be a more effective use of project funds. The public service announcements (PSAs) that were developed for the media blitz were used in schools instead.

Another adjustment to the original goals for the project was that, initially, the project team wanted to coordinate with groups across the state to form a coalition. This coalition would be responsible for developing a 3- to 5-year action plan for skin cancer prevention. This goal was later reevaluated and the project team decided that they would simply bring in relevant partners, as needed, depending on current issues and concerns. This new plan allowed the project team to maximize time and resources.

The original plan to pass a policy on sun safety through the Michigan State Board of Education was also changed. Instead, the project team decided to identify model school-level policies that could be adopted more expediently by schools, providing an opportunity for a more immediate impact in the school system.

The Sun Safety Project staff are still anticipating a relationship with summer recreation programs. The staff believe they will be able to reach a much broader population of youth by partnering with these summer programs. Furthermore, they will be able to connect with children while they are engaged in summer activities that involve exposure to the sun. The state will need to decide where and how to target school-aged children in the summer. Appropriate partners will be solicited, as needed, to discuss this strategy.

### **3.2.8 Local Evaluation Plan**

As stated in the PA 03004 Supplement Program Announcement, potential grantees were required to develop a process and programmatic evaluation plan to describe how objectives will be measured and how related outcomes will be identified to measure project success. During our reviews of grantee applications and progress reports and our interviews with grantee project staff, we explored the extent to which grantees had developed comprehensive evaluation plans and how staff were using evaluation findings to refine and implement their projects.

An independent consultant, contracted through ACS, has worked with the Michigan staff to develop a formal evaluation plan. All partners are involved in the development and implementation of the evaluation plan. The evaluator works closely with the ACS contractors on process evaluation and ensuring that process objectives and outcomes are met. Mini-grant recipients are evaluated on the extent to which they plan and implement policy and environmental change with regard to sun safety, provide appropriate sun safety messages to school-aged youth, and carry out activities that promote sun safe behaviors among students. As one staff member added,

*"We have evaluated our ability to do what we said we'd do. Generally speaking, our evaluation has looked at our ability to implement, our ability to cover all topics we said we would and our ability to communicate and work with partners."*

As a complement to the evaluation plan, a sustainability plan also has been developed by the group. The plan was developed with the notion that, upon completion of the project, progress on project activities would be continued through established partnerships and the dissemination and implementation of core sun safety messages, programs, and policies. Included in the plan is a list of key partners responsible for sustainability and project areas each partner is charged with implementing in the absence of ongoing grant funding.

### **3.2.9 Initiative Successes**

When asked if the state initiative had been a success thus far, key partners responded with a unanimous "Yes." According to key partners, the main factors contributing to the success of the project are (1) project sustainability, (2) integration of sun safety and physical activity through existing activities and partnerships, (3) staff commitment and expertise, and (4) increased public awareness.

#### **3.2.9.1 Project Sustainability**

With the uncertainty of funds being available after the 4-year project period, the partnership is committed to implementing activities that will be sustainable after CDC funding ends. Given the challenges it faced with the state and the overall lack of public awareness, the partnership realized the obstacles it would face in promoting skin cancer prevention as a single issue. Therefore, by building on existing partnerships and initiatives, the group took steps to integrate skin cancer into areas that had a long history of public endorsement and awareness. One example is the success that staff have had in integrating sun safety lessons into the Michigan Model<sup>®</sup>. As a result of this project, the state health curriculum has included sun safety lessons for all grade levels for the first time. The Model curriculum is implemented in more than 90% of public schools in the state and by a large number of private schools. Many other schools across the country have purchased the Model for implementation within their own districts.

HSAT was another opportunity for the partnership to promote sun safety among youth and increase sustainability of project activities. As a collaborative effort of MDCH, MDE, Michigan State University Extension, Michigan Team Nutrition, and United Dairy Industry of Michigan, the tool was developed to help schools assess whether their school environment offers consistent messages about the importance of healthy eating, physical activity, and a tobacco-free lifestyle and opportunities for students to make healthy choices (<http://mihealthtools.org/healthyschools.asp>). HSAT is widely used and promoted by several collaborative groups, including the MAFHK coalition. During the course of this project, the partnership has been successful in getting seven skin cancer-related questions

added to HSAT. The questions assess how schools have made changes to their physical environment to address sun safety. Staff hope that the addition of sun safety items to the questionnaire will motivate schools to begin thinking about sun safety and find ways to address skin cancer prevention.

### *3.2.9.2 Integration of Sun Safety and Physical Activity*

Another factor contributing to the project's success has been the partnership's efforts to link sun safety with physical activity through its current activities and existing partnerships. The idea is promoted through a comprehensive safety approach to outdoor physical activity, which includes being sun safe (i.e., wearing sunscreen, shades, hats) while engaging in outdoor activity. Relay for Life, ACS's annual walk/run event, raises money for the organization's research and programs and provides a great opportunity to promote sun safety messages. Currently, ACS is developing a Sun Safety toolkit that will be used at all Relay for Life events, increasing the visibility of the issue.

The partners have a long history of strong collaborations with other community partners who are committed to youth and health; therefore, stakeholders have been very receptive to the project. Among them are the Governor's Council on Physical Fitness, Health and Sports and the Michigan PTSA. The role of the Council is to promote the benefits of physical activity and encourage Michigan citizens to adopt healthy behaviors centered around physical activity. Through its Safe Routes to School (SR2S) initiative, the Council promotes youth physical activity by enabling and encouraging children to walk or bike to school while reinforcing safe walking and biking skills. As one staff member added, *"this worked because we hired people who had relationships [with community leaders] and knew how to move the project ahead."* To assist schools in developing and sustaining their own SR2S programs, the Council produces a SR2S toolkit, which includes sun safety messages.

The partnership has involved families in the skin cancer prevention effort by partnering with parent groups, such as the Michigan PTSA. The partnership with PTSA has been instrumental in getting sun safety information published in the Association's newsletter and getting mini-grants issued to local PTA groups. These local groups have in turn provided sun safety education and materials to their constituents. As key partners in the sustainability plan, the Governor's Council and PTSA will be relied on to further integrate sun safe messages into their existing programs once project funding with this initiative ends.

### *3.2.9.3 Staff Commitment and Expertise*

Another major factor in the project's success has been the complementary expertise of the key partners. The integrative efforts of MDE's access to schools and ACS and MDCH's cancer control expertise was used as a working example of distinct organizations working together toward common goals and objectives. As one staff member noted, *"the competent and good leadership, coordination and good project managers"* have been key to the project's

success. Lead staff have had prior experience in school health and were already involved in healthy youth initiatives across the state. This has helped the partnership make the appropriate connections and establish relationships with current partners. Because many relationships already existed, trust and acceptance among partners was already present, thereby facilitating the promotion of sun safety.

#### **3.2.9.4 Increased Public Awareness**

One significant outcome of this state effort has been an increased awareness of sun safety by the public. As one staff member suggests, *“People are now considering sun safety, which wasn’t the case before.”* One example of this has been seen in some schools’ efforts to eliminate advertisements and coupons for tanning salons. It was also noted that individuals and organizations, for the first time, are now considering shade protection at outdoor events.

#### **3.2.10 Challenges and Lessons Learned**

In the midst of success, the partnership has also faced several challenges along the way, particularly in the beginning stages of the project. ACS has faced challenges with internal standards related to the use of logos and other branding issues. To obtain use of the Slip! Slop! Slap! logo and campaign materials, the local ACS had to seek approval from the national ACS. ACS has very specific standards and regulations at both the national and Great Lakes Division levels. The approval process was more time-consuming than the group anticipated, which delayed the use of campaign materials and getting the Web site up and running. The experience gained from this process has more adequately prepared the group for future opportunities.

As the lead agency for project implementation, ACS also faced early challenges with insufficient project management systems. The organization had limited experience implementing projects through this type of funding mechanism. Because ACS does not generally accept this type of funding from government organizations and grants, they had to quickly develop and modify systems for improved project management. The organization also did not have a system in place to house and sell materials. Some schools have contacted ACS asking to purchase materials from the organization and then resell them. ACS is not allowed to sell these items; therefore, they refer anyone wanting to purchase materials to the group’s vendors when the intent is for personal use and not resale. ACS developed processes and systems for managing the project; however, they were able to identify and address limitations in their own systems, making these systems more efficient for future funding opportunities. As one staff member described the lesson learned from this experience,

*“We didn’t know how much time it [the project] would take to manage so it’s taken some getting used to and working things out. It has taken a lot of time and energy*



*but this should help us in the future as we would like to have more opportunities like this.”*

The changes made within the ACS—Great Lakes Marketing and Communications Department has been of great benefit with regard to Web postings and internal/external promotion of sun safety. A staff person is now dedicated to Web-based initiatives, and a communications staff member has been assigned to work with project staff on sun safety, as needed.

The Partnership has also learned through this effort that a state CCC program may not need to serve as the primary cancer control partner. Although it may be necessary for CCC to be aware of the project’s activities and how they may fit into the overall CCC mission, an organization, such as the local ACS, that has the content knowledge and community connections can often fill this role. ACS program coordinators were hired who had already worked with stakeholders the partnership needed to bring on board, and each of the core team members had a wealth of valuable contacts that have been most beneficial to this effort. Furthermore, the monthly meetings have facilitated communication and enabled the project staff to stay on track with project goals and objectives. The meetings have helped staff to identify potential barriers and address them early.

### **3.2.11 Conclusion**

The partnership has made great efforts in making sun safety more visible across the state. The impact of the project’s success is passionately described by one partner:

*“Sun safety wouldn’t be a focus for ACS Great Lakes Region if not for this grant. The state is starting to think about sun safety which wasn’t the case before.”*

The lack of attention by the state to sun safety presented a few challenges for the group. Many of CCC’s programs are targeted to persons aged 50 and older, so some staff felt that the project’s goals have not aligned well with CCC priorities. To promote the issue, however, the group managed to find natural and creative ways to promote sun safety by thinking outside the box while focusing on sustainability. Promoting sun safety as a single issue would have been a challenge, so project staff looked for ways to incorporate the issue into other more visible issues, such as physical activity. The partnership has learned from this experience the importance of building on existing partnerships, initiatives, and previous successes to promote an issue such as sun safety. They sought out initiatives that were already in place and being supported, and they identified ways to connect with those initiatives.

### **3.3 North Carolina**

#### **3.3.1 History and Mission of Cancer Control and Education in North Carolina**

##### *3.3.1.1 North Carolina Department of Public Instruction*

The SunSense Initiative is housed within the North Carolina Department of Public Instruction (NCDPI), Division of Middle Grades/School Safety and Climate Section. According to the North Carolina Healthy Schools (NCHS) Web site, “the goal of North Carolina Healthy Schools is to create a working infrastructure between education and health to enable schools and communities to create a Coordinated School Health Program” (NCHS, 2006). NCHS is coordinated by NCDPI and the North Carolina Division of Public Health, within which the Comprehensive Cancer Control (CCC) Program is housed.

As a state that receives funding for the Coordinated School Health Program (CSHP), “North Carolina Healthy Schools focuses on improving the health of students and staff by providing coordination and resources in eight component areas of school health” (NCPS, 2006). North Carolina public schools consist of 100 county and 15 city school administrative units. More than 2,288 schools serve 1,346,681 students in public schools and 25,188 students in charter schools (first month of 2004–2005 school year). Sun safety is one of a number of efforts coordinated through NCHS. Other efforts include HIV/STD prevention, abstinence until marriage curriculum, teen pregnancy prevention, and school health advisory councils.

##### *3.3.1.2 North Carolina Department of Health and Human Services*

The Cancer Prevention and Control Branch is located within the North Carolina Department of Health and Human Services (NCDHHS’s) Division of Public Health, Chronic Disease and Injury Section. According to the NCDHHS Web site, “the goal of the Cancer Prevention and Control Branch is to develop and implement effective strategies to prevent, detect and control cancer and to promote activities which enhance comprehensive cancer initiatives” (NCDHHS, 2006). The primary activities of the Branch are to

- provide professional and public education to improve the ability of communities to prevent, detect, or control cancer;
- provide funding for communities to conduct screening for the early detection of cancer and to assist with treatment services;
- collaborate with communities to foster cancer control through advisory councils and coalitions; and
- promote partnerships to deliver high-quality comprehensive cancer services.

#### **3.3.2 History of Skin Cancer Prevention**

Within North Carolina, skin cancer prevention and sun safety have been addressed at some level for some time. Most of these efforts have been coordinated through the CCC Program,

although sun safety objectives have been included within various materials coordinated by NCDPI.

### ***3.3.2.1 Within Schools***

Sun safety and skin cancer prevention have been a part of the state's Healthful Living Standard Course of Study Objectives for grades 3 through 9 for some time. Several objectives related to sun safety are also included in the science standard course of study. Nonetheless, this approach has not been coordinated and until now there has been no primary point of contact for sun safety in NCDPI or any other special programs, such as SunSense, to provide support and information related specifically to sun safety.

### ***3.3.2.2 Across the State***

Within the North Carolina CCC Program, we have only been able to speak with one person about the history of skin cancer efforts. This person started working with the program in 2004; thus, it has been challenging to get a lengthy history of CCC's efforts related to skin cancer prevention. Skin cancer is included in the North Carolina Comprehensive Cancer Control plan for 2000–2006. The main skin cancer goals highlighted in this plan are to

- monitor ongoing research regarding the possible efficacy of screening/detection methods for skin cancer and form and distribute recommendations as warranted by such research,
- promote awareness of the signs and symptoms of skin cancer, and
- coordinate data collection and programmatic efforts with existing or ongoing studies and programs being implemented across the state.

Prior to this initiative, the CCC Program has been involved in several activities that have targeted sun safety and skin cancer prevention. One such initiative, the Be Sun Smart North Carolina Program, targeted sun safety behaviors within North Carolina daycare facilities. A second initiative was a Shade Tree Project in which CCC partnered with the North Carolina Cooperative Extension Services to plant trees and install shade structures. We hope to obtain additional information about these efforts as the evaluation progresses and we speak with additional CCC staff who have been with CCC for a longer period of time.

### ***3.3.3 Current Priority of Skin Cancer Prevention***

As a result of competing health issues, skin cancer prevention cannot be considered a state-level public health priority for North Carolina. However, since SunSense was funded in 2003, there appears to be a gradual shift within NCDPI and CCC to recognize skin cancer prevention as an important issue and to make sun safety and skin cancer prevention more of a priority within these organizations. Within NCDPI, additional sun safety objectives have been added to the state's Healthful Living Objectives to include grades kindergarten through 12. NCDPI has also begun to emphasize positive self-image and good decision making for high school students as they relate to discussions of self-tanning. This strongly relates to

North Carolina Senate Bill 657, passed in October 2004, which places regulations on self-tanning facilities. This law states that operators of tanning equipment and owners of tanning facilities will do the following:

- Provide to each customer a warning statement that defines the potential hazards and consequences of exposure to UV radiation. Before allowing the consumer's initial use of the tanning equipment, the operator shall obtain the signature of the consumer on the warning statement acknowledging receipt of the warning.
- Not allow a person aged 13 or younger to use tanning equipment without a written prescription from the person's medical physician specifying the nature of the medical condition requiring the treatment, the number of visits, and the time of exposure for each visit.
- Not claim or distribute promotional materials that claim that using tanning equipment is safe or free from risk or that using tanning equipment will result in medical or health benefits.

Although this bill is important, enforcement of this law appears to be very difficult, largely because of the small number of inspectors who must inspect all tanning facilities in North Carolina. The Division of Environment Health Radiation Protection Section is responsible for conducting these inspections. Two representatives of this Section participated in the SunSense partner meeting held in September 2005 and briefly discussed these enforcement challenges.

NCDPI has also always had a representative on the Comprehensive Cancer Control Advisory Council. However, until now, relatively little work has been done with regard to cancer control and school-aged children so "there was little to do in this role."

When the application for funding for SunSense was written in 2003, the CCC Program had on staff an individual who served as the primary point of contact for skin cancer prevention. However, that same year, this individual left CCC to return to school. This departure appears to have left a void in CCC in terms of addressing skin cancer prevention because the program was focused on other priority cancers, such as lung, breast, colorectal, and prostate cancers, primarily because these cancers have the greatest associated mortality. During this time, there was also a shift in leadership within the CCC Program. Between 2003 and 2005, skin cancer prevention activities in North Carolina appear to have become the primary responsibility of NCDPI. Although there was some support for skin cancer prevention by select CCC staff, it does not appear that skin cancer was a strong priority for the overall program or the interim management. It was brought to our attention that sometime in 2004 or early 2005, CDC made additional funds available for skin cancer prevention activities. North Carolina reported that the CCC Director at the time did not feel it was important to pursue these funds so no action was taken. This serves as another indication that skin cancer may have been considered a lower priority for the North Carolina CCC leadership, which was in transition at the time. In May 2005, Mr. Walter Shepherd was

hired as the new Director of the North Carolina CCC Program. In this role, he appears to have significantly improved the CCC Program's focus on skin cancer, making it a top priority because of the high incidence of melanoma in the state. There is the feeling that this effort and the SunSense initiative have served as a catalyst to make sun safety one of the North Carolina CCC Program's top three priorities. One individual expressed that, if this project had not been funded, skin cancer probably would not have been such a high priority for CCC. As a part of this renewed commitment to sun safety, the CCC Program has reallocated funds to support a statewide media campaign about sun safety, including television, radio, and print ads that are paid for out of CCC funds.

The North Carolina Comprehensive Cancer Control Plan is being updated and will continue to include a discussion of skin cancer. Dorothea Brock, the SunSense Coordinator at NCDPI, has been tasked with writing the skin cancer prevention and early identification sections of the plan, which will be active from 2007–2012.

### **3.3.4 Partnerships**

The North Carolina SunSense program includes a number of key partners to address sun safety and skin cancer prevention. Partners include the Alice Aycock Poe Center for Health Education, North Carolina Museum of Science, North Carolina PTA, North Carolina Comprehensive School Health Training Center, seven county-level lead education agencies (LEAs), and the University of North Carolina Center for Environmental Health and Susceptibility.

Additionally, the partnership with the North Carolina CCC Program is central to this initiative and a requirement of the PA 03004 agreement. This initiative represents the first time these state agencies have worked together in such a collaborative manner. As such, the relationship between NCDPI and CCC has evolved in a number of ways since funding was awarded in 2003. As discussed briefly above, when the application for funding was completed in 2003, CCC had a person on staff who served as the primary advocate for skin cancer and sun safety issues. Unfortunately, when the funding was awarded, this person left the program to pursue graduate school. This departure resulted in the CCC Program not having someone on staff who was committed to sun safety and to support the efforts to be led by NCDPI. Additionally, a reorganization of the CCC Program, including a transition of program leadership, made partnering more challenging. There is a perception that CCC viewed skin cancer as an "add on" to their activities since their funding required them to work on other cancers, thus resulting in minimal commitment of resources to this effort. During this time, Dorothea Brock, the Sun Safety Policies and Program Consultant, was allowed to sit in on relevant cancer control meetings and activities and provided regular updates to CCC on activities being implemented by NCDPI. Ms. Brock also serves on the Prevention Subcommittee of the CCC Program Advisory Council, which meets quarterly.

In May 2005, a new permanent CCC Director, Mr. Walter Shepherd, was hired. This new leadership appears to have resulted in a significant improvement in the partnership between NCDPI and the CCC Program. There appears to be a greater commitment to skin cancer and sun safety by CCC, although there remains a sense that there is still much work to be done. CCC staff appear to turn to Ms. Brock as the primary point of contact for skin cancer in the state of North Carolina, as supported by the fact that NCDPI staff are currently responsible for writing the skin cancer and early identification sections of the updated CCC Plan. This dependence on someone outside of CCC to be the expert on skin cancer may be a concern because the expertise and knowledge about this important cancer issue then lies with an organization whose expertise is with a select population (youth) and not the public health issue in general. The intent of this effort was to create partnerships between those organizations with expertise working with schools and those with expertise in cancer control. In North Carolina, it appears that one organization has assumed responsibility for both of these roles. This challenge has been acknowledged to some extent by NCDPI and CCC staff.

During the initial phases of this initiative, there appears to have been minimal communication between NCDPI and CCC staff, largely because of the reorganization taking place within the CCC Program. Communication still appears to be somewhat of a challenge; however, meetings appear to occur on an as-needed basis. Partners also report sending program updates to one another as needed. NCDPI and CCC have worked together on issues related to budgets and work plans and communicate through involvement in the Prevention Subcommittee of the CCC Program Advisory Council.

#### *3.3.4.1 Partnership Benefits*

While this partnership has been a work in progress since 2003, staff do report several benefits to the creation of a partnership between CCC and NCDPI. Because the ultimate goal of this initiative is to prevent skin cancer among young people, both partners view the respective experience (with cancer control and with schools) of the partners as critical to achieving this objective. CCC's cancer knowledge and expertise appears to add credibility to the initiative, which results in added buy-in from schools and other partners. This credibility would have been difficult for NCDPI to develop without such an expert partner on board. Subsequently, NCDPI brings the important connection and understanding of how to work with schools, an area that CCC would not have been able to achieve alone. CCC also reports that NCDPI and this initiative have brought sun safety to the forefront, in terms of priorities, and that NCDPI has been able to build and sustain this momentum through some challenging times. Additionally, CCC partners report that working with NCDPI has helped the CCC Program gain insight into how to address other cancers.

#### ***3.3.4.2 Partnership Challenges and Lessons Learned***

North Carolina has faced a number of challenges in developing a partnership between NCDPI and the North Carolina CCC Program. Unlike in Colorado and Michigan, NCDPI and CCC in North Carolina had not previously worked together. Therefore, they had to initiate and build a working relationship from the ground up. NCDPI was not able to hire staff to fill the SunSense Coordinator position until September 2004, over 1 year after the initial funding was awarded. The CCC Program staff member who had helped write the application for funding left the program at the time of award, leaving no one at CCC or NCDPI to move this initiative forward. Once an NCDPI staff person was brought on board, many of these challenges appear to have been a result of the reorganization taking place at CCC and the diminished priority that CCC initially placed on skin cancer prevention, which resulted in minimal involvement of CCC in the early stages of this initiative. Since new management has been hired, communication and interaction between these two partners have significantly improved; however, there is still work to be done. One residual concern relates to division of labor related to skin cancer efforts. The CCC staff we spoke with stated that, although there had been problems with division of labor in the past, these problems had been resolved in recent months.

#### ***3.3.5 Staffing***

The North Carolina SunSense Initiative consists of a relatively small team of staff representing NCDPI and the North Carolina CCC Program. From our discussions with NCDPI and CCC staff, it does not appear that any of the staff involved in the project have received formal training on skin cancer or sun safety issues. Much of their knowledge has been a result of on-the-job training and education and some attendance at various professional meetings.

Ms. Dorothea Brock is a CSHP Coordinator and the Sun Safety Coordinator for NCDPI. She has been involved with SunSense since September 2004 but has been with CSHP since 2000. North Carolina did not immediately have staff available to fill the Coordinator position for this initiative when it was funded in fall 2003, so there was a delay in getting this initiative started. Ms. Brock is the primary staff person on this initiative. Her responsibilities include planning and implementing SunSense, monitoring program funds, conducting site visit evaluations, and providing technical assistance. She is also responsible for overseeing any subcontracts and mini-grants administered through this effort. Ms. Brock did not initially seek out training in skin cancer prevention because, by partnering with CCC, NCDPI expected that CCC would provide the cancer expertise while NCDPI would ensure access to the schools. However, unexpected staff turnover within CCC left NCDPI taking a lead role on the project and on the issue of sun safety, so Ms. Brock spent time reviewing existing materials on sun safety and has attended meetings related to sun safety to build her level of knowledge and expertise.

NCDPI has contracts with the Appalachian State University School Health Training Center (SHTC) to assist with curriculum training activities. SHTC has also helped facilitate a consensus panel and led the initiative for the development of a survey. Mr. Michael Sanderson, the Senior Advisor for Healthy Schools at NCDHHS/DPH, is also peripherally involved in this effort, supporting Ms. Brock in the development and management of this initiative.

Within the North Carolina CCC Program, Ms. Cynthia Wright serves as one of the primary points of contact for the SunSense Initiative. She currently serves as the program evaluator for the CCC Program. For the SunSense Initiative, she has focused on conducting outreach and assisting in the evaluation of initiative activities. Ms. Wright has been with the CCC Program for 2 years and has worked with Ms. Brock through the CCC Advisory Committee and on other skin cancer topics, including reviewing and selecting mini-grant recipients. Ms. Wright has limited training in skin cancer prevention but has become familiar with sun safety issues through her work on this project. She attended a CDC conference with Ms. Brock that addressed the basics of UV protection and general approaches for skin cancer prevention.

Ms. Latasha Sanders joined the CCC Program in November 2005 and will serve as a community development coordinator, conducting community outreach activities for the CCC Program, including skin cancer. Drawing on her prior work experience with the General Baptist State Convention, one of Ms. Sander's goals for her work with the CCC and SunSense Initiative is to develop more partnerships with the faith-based communities throughout the state. Ms. Sanders has not received skin cancer prevention training since joining CCC, but she does have some experience with skin cancer prevention through her work with a sun safety initiative in Chatham County, North Carolina.

Mr. Walter Shepherd, the new Program Director, joined the CCC Program in May 2005. Mr. Shepherd appears to be very interested in pursuing sun safety issues, and project staff are pleased with the level of encouragement they are receiving and the time they are now able to devote to SunSense.

To provide additional support and staff to address the issue of sun safety, there are preliminary plans to try to hire another health educator/program consultant to support SunSense. This individual would work to establish partnerships in communities around sun safety and promote general cancer prevention. NCDPI and CCC are proposing to split the costs of the position so that each organization pays for half of the salary. CCC hopes that filling this position will also help them build internal capacity with regard to sun safety and skin cancer issues. Ms. Brock's time and level of effort on the project will not change as a result of the new hire.



### 3.3.6 Funding

Funding for the North Carolina SunSense program has varied slightly during its 3 years of funding, with the program receiving roughly \$216,000 for their Year 3 activities. Exhibit 3-13 provides an overview of the funding requested from CDC, the amount received, and the amount expended. SunSense has initiated a partnership with two local media organizations to help develop media materials around sun safety. As a part of this partnership, any unobligated funds at the end of the fiscal year will be put toward this activity and obtain a dollar-for-dollar match by the media companies. At this time, the

**Exhibit 3-13. Program Funding for SunSense**

Funding Year	Dollars Requested From CDC	Dollars Awarded By CDC	Additional Non-CDC Support		Dollars Expended
			Funding (Source)	Other Resources (i.e., In-Kind Services) (Source)	
Year 1 (2003–2004)	\$294,985.75	\$294,985.75	N/A	N/A	\$294,985.75
Year 2 (2004–2005)	\$254,248.41	\$255,000.00	N/A	N/A	\$255,000.00
Year 3 (2005–2006)	\$216,733.96	\$216,733.96	N/A	N/A	\$216,733.96
Year 4 (2006–2007)	\$260,477.00				

SunSense Initiative has not received any in-kind or non-CDC funding. If such funding opportunities become available in the future, the CCC SunSense staff fully expect that they will apply for it.

North Carolina has elected to award mini-grants for sun safety to seven LEAs “to support local school systems and their partners implement the CDC Guidelines for School Program to Prevent Skin Cancer within the framework of coordinated school health” (SunSense North Carolina Request for Application). Exhibit 3-14 provides an overview of the funds received by the seven mini-grant recipients and their funding periods. Note that the Columbus County LEA was awarded funds, but they did not accept the award.

In addition to the mini-grant recipients, three North Carolina organizations also received mini-grant funds to develop and implement sun safety materials and resources (Exhibit 3-15). The Alice Aycock Poe Center for Health Education and the North Carolina Museum of Science received one-time funding of \$27,000 and \$25,000, respectively. This funding was provided for September 2005 through September 2006. The North Carolina PTA also received \$50,000 during this funding period.

**Exhibit 3-14. Mini-Grant Funding and Funding Period**

Mini-Grant Recipient	Funding Awarded	Funding Period
Graham County LEA	\$15,000	October 2003—June 2006
Henderson County LEA	\$20,000	June 2003—June 2006
Watagua County LEA	\$15,000	June 2004—May 2005
New Hanover County LEA	\$15,000	June 2003—June 2006
Polk County LEA	\$10,000	June 2004—June 2006
Alamance/Burlington County LEA	\$15,000	October 2004—June 2006
Avery County LEA	\$15,000	June 2005—June 2006
Columbus County LEA	Awarded funds but LEA did not accept the award	

**Exhibit 3-15. Special One-Time Funding Awards and Funding Period**

Mini-Grant Recipient	Funding Awarded	Funding Period
Alice Aycock Poe Center for Health Education	\$27,000	2005–2006
North Carolina Museum of Science	\$25,000	2005–2006
North Carolina Parent Teacher Association	\$50,000	2005–2006

While we do not have a figure for the evaluation budget, a portion of the overall budget is used for evaluation that includes following up on the teacher training to assess classroom implementation. The evaluation funding is also used to modify the state YRBS and North Carolina Child Health Assessment and Monitoring Program (CHAMP) surveys to include questions relevant to skin cancer and sun safety. The CHAMP survey is similar to the BRFSS and surveys parents about their own behavior, as well as behavior that impacts their family members (e.g., do you apply sunscreen to your children one or more times a day).

**3.3.7 Implementation of CDC Skin Cancer Guidelines and Current Activities**

Since the initial funding request in 2003, North Carolina has implemented activities that aim to address all seven CDC Skin Cancer Prevention Guidelines. North Carolina has not significantly changed its focus over the last few years of funding, although the state has shifted its focus away from recommending or trying to work on statewide policy. At the beginning of the initiative, North Carolina had hoped to develop documentation from NCDPI encouraging sun safety practices but *“found that the current environment does not warrant another resolution or recommendation.”* SunSense is instead encouraging mini-grant recipients to include policy changes around sun safety at the county level.

The North Carolina SunSense Initiative focuses on four major goals related to policy development, surveillance, and evaluation:

- Goal 1: By 2006, establish policies that reduce exposure to UV radiation.
- Goal 2: By February 2006, establish synergistic campaigns and strategies that educate school-aged children, school staff, and caregivers about skin cancer protective behaviors.
- Goal 3: By 2006, increase the quality of surveillance and evaluation data of school-aged children and caregiver knowledge, attitudes, and behaviors.
- Goal 4: By 2008, evaluate the implementation and effectiveness of strategies to reduce youth exposure to UV radiation.

These goals have remained constant since the request for funding was made, although the objectives and strategies to meet these goals have evolved over the course of the initiative.

As with the other funded partners, the final Year 3 progress report is not yet available from North Carolina. Therefore, we present strategies that were planned for Year 3 (March 2005 through February 2006) as documented in North Carolina's Year 3 mid-year progress report. Appendix F presents planned activities for Year 4 (March 2006 through February 2007). Exhibit 3-16 presents the planned Year 3 goals, objectives, and activities and aligns them with the corresponding Skin Cancer Guidelines.

#### *3.3.7.1 Mini-Grants and Community Project Activities*

A majority of the activities being conducted through SunSense are in coordination with local LEAs and three community partners. A total of seven LEAs have received mini-grant funding to implement sun safety activities. Most of the LEAs funded represent the counties in North Carolina with the highest rates of skin cancer in the state. In addition to implementing interventions that are in line with the "Guidelines for School Programs to Prevent Skin Cancer" (CDC, 2002), sites must

- implement best practices for sun safety policies, education, and/or environment;
- provide sustainable infrastructure to support opportunities for sun safety within the school; and
- include parent and community awareness (SunSense NC, 2005).

In addition to the monetary award, all mini-grant recipients receive training and materials on the use of the *Sunny Days, Healthy Ways* curriculum. As of fall 2005, 154 school staff representing six county-level LEAs have been trained on the *Sunny Days, Healthy Ways* curriculum. Additionally, four LEAs receiving mini-grant funding have instituted policy and/or environmental changes to encourage sun safety measures (e.g., hat, sunscreen, and/or environmental changes).

**Exhibit 3-16. Overview of SunSense Year 3 Activities by Goal, Objective, and Guideline**

North Carolina Goal	Objective	Applicable Skin Cancer Guideline							Planned Activities in Year 3	Progress Reported in Year 3 Mid-Year Report
		1	2	3	4	5	6	7		
Goal 1: By 2006, establish policies that reduce exposure to UV radiation.	1.1: Develop two model policies/ recommendations and materials to address sun protective measures during the school day and school events.	✓	✓						<ul style="list-style-type: none"> <li>Convene a statewide consensus panel of stakeholders to discuss sun protective measures.</li> <li>Develop model policies and recommendations that LEAs could adopt or modify.</li> <li>Support skin cancer prevention through participation on the Prevention Subcommittee of the Advisory Committee on Cancer Coordination and Control.</li> <li>Develop and distribute school design recommendations in collaboration with NCDPI.</li> <li>Develop and implement recommendations for physical activity events during and after the school day in collaboration with Healthful Living, North Carolina Athletic Association, and Physical Education Association.</li> </ul>	<ul style="list-style-type: none"> <li>A 1-day SunSense consensus meeting was held in September 2005 with 22 of 50 invited partners attending. Partners included North Carolina PTA President, CCC manager and evaluator, school health coordinators, media, and mini-grant recipients. A follow-up meeting will be planned.</li> <li>Dorothea Brock regularly attended the Advisory Committee, the Prevention Workgroup, and the working group for the development of the Prevention Chapter in the state Cancer Control Plan.</li> <li>All mini-grant recipients installed shade structures on school sites and playground areas.</li> <li>Four of six mini-grant recipients planted shade trees in staff and student areas.</li> </ul>

(continued)

Exhibit 3-16. Overview of SunSense Year 3 Activities by Goal, Objective, and Guideline (continued)

North Carolina Goal	Objective	Applicable Skin Cancer Guideline							Planned Activities in Year 3	Progress Reported in Year 3 Mid-Year Report
		1	2	3	4	5	6	7		
Goal 1 (cont'd)	1.2: Increase from six to eight the number of intervention school sites that develop policies that support sun protective behaviors for school-aged youth.	✓							<ul style="list-style-type: none"> <li>Develop sun safety grants incorporating policy change and education.</li> <li>Award two sun safety grants for school and community-based initiatives.</li> <li>Continue funding current six LEAs to implement multilevel strategies.</li> <li>Provide technical support and assistance to all intervention school sites.</li> </ul>	<ul style="list-style-type: none"> <li>The request for application (RFA) for mini-grant funding requires that each recipient include policy change and education components.</li> <li>Three community organizations, the North Carolina PTA, Poe Center for Health Education, and North Carolina Museum of Life and Science were awarded funds for sun safety activities.</li> <li>A total of seven LEAs have received SunSense funding to date.</li> <li>Site visits were made to all 2004–2005 mini-grant recipients.</li> </ul>
Goal 2: By February 2006, establish synergistic campaigns and strategies that educate school-aged children, school staff, and caregivers about skin cancer protective behaviors.	2.1: Increase by 70% above baseline the number of students in intervention school sites who are exposed to appropriate sun safety health education.			✓		✓			<ul style="list-style-type: none"> <li>Provide three trainings of Successfully Teaching Middle School Health and Elementary Manual with emphasis on the revised NC Healthful Living Standard Course of Study and sun safety objectives.</li> <li>Provide presentations on the sun safety objectives aligned with health, math, and science at two statewide conferences.</li> </ul>	<ul style="list-style-type: none"> <li>Four trainings on “Successfully Teaching Middle School Health” were provided in the regions with the highest melanoma rates; 83 teachers were trained.</li> <li>The SunSense Coordinator was scheduled to make a presentation at the North Carolina Elementary School Conference in October 2005.</li> </ul>

(continued)

Exhibit 3-16. Overview of SunSense Year 3 Activities by Goal, Objective, and Guideline (continued)

North Carolina Goal	Objective	Applicable Skin Cancer Guideline							Planned Activities in Year 3	Progress Reported in Year 3 Mid-Year Report
		1	2	3	4	5	6	7		
Goal 2 (cont'd)	2.1 (cont'd)								<ul style="list-style-type: none"> <li>Provide follow-up and assistance to all staff trained in <i>Sunny Days, Healthy Ways</i>.</li> <li>Develop and implement introductory recommendations and information for North Carolina Healthful Living Standard Course of Study (SCOS).</li> </ul>	<ul style="list-style-type: none"> <li>Objectives were written for SCOS for pre-K through grade 5, and related standards were added for grades 4 through 12 where objectives currently exist. A complementary document is planned once SCOS is approved by the State Board of Education.</li> </ul>
	2.2: Increase from 71% to 85% the proportion of parents and caregivers who practice at least one sun safety measure for children in their care.				✓				<ul style="list-style-type: none"> <li>Develop and implement parent and caregiver information resources in collaboration with Cancer Coordination and Control.</li> <li>Implement parent and caregiver activities in conjunction with the North Carolina SCOS, Successfully Teaching Middle School Health and Elementary Manual.</li> </ul>	<ul style="list-style-type: none"> <li>The SunSense Coordinator is working with the North Carolina PTA to develop resource materials for statewide distribution.</li> <li>Parent and caregiver activities are included in the Sunny Days, Healthy Ways Curriculum.</li> </ul>

(continued)

**Exhibit 3-16. Overview of SunSense Year 3 Activities by Goal, Objective, and Guideline (continued)**

North Carolina Goal	Objective	Applicable Skin Cancer Guideline							Planned Activities in Year 3	Progress Reported in Year 3 Mid-Year Report
		1	2	3	4	5	6	7		
Goal 3: By 2006, increase the quality of surveillance and evaluation data of school-aged children and caregiver skin cancer knowledge, attitudes, and behaviors.	3.1: Add a minimum of two questions to existing data sets to increase quality of data.							✓	<ul style="list-style-type: none"> <li>▪ Add sun safety questions to data sets (BRFSS, Profiles, Training Tracker).</li> <li>▪ Develop and distribute fact sheets to education, community agencies, and other institutions.</li> <li>▪ Present information at two statewide events.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Questions have been added to BRFSS, Profiles, Training Tracker, and CHAMPS data collection tools.</li> <li>▪ Waiting for data to be available to create fact sheets.</li> </ul>
Goal 4: By 2008, evaluate the implementation and effectiveness of strategies to reduce youth exposure to ultraviolet (UV) radiation	4.1: Evaluate program and activities of SunSense.							✓	<ul style="list-style-type: none"> <li>▪ Evaluate the level of implementation of Sunny Days, Healthy Ways curriculum in grades 3 through 5 in intervention school sites.</li> </ul>	<ul style="list-style-type: none"> <li>▪ A follow-up survey was developed using the Zoomerang online survey tool (<a href="http://info.zoomerang.com/">http://info.zoomerang.com/</a>). The survey asked about the workshop schedule, number of students receiving the curriculum, and if additional information was needed to aid implementation and address barriers.</li> </ul>

Note: Guideline 1 = Policy; Guideline 2 = Environmental Change; Guideline 3 = Education; Guideline 4 = Family Involvement; Guideline 5 = Professional Development; Guideline 6 = Health Services; and Guideline 7 = Evaluation.

The three community projects funded are with the Alice Aycock Poe Center for Health Education, the North Carolina Museum of Life and Science, and the North Carolina PTA. As part of the partnership with the Alice Aycock Poe Center for Health Education, the SunSense Initiative sent sun safety informational materials to 10,000 people and organizations included on the Poe Center's mailing list. The Poe Center, located in Raleigh, North Carolina, has placed two shade structures and informational signage on their Play Well Playground. The North Carolina Museum of Life and Science is developing a sunscreen exhibit as a part of their "Explore Health" exhibit. The museum also plans to erect a shade structure for the outdoor eco-system exhibit. The North Carolina PTA is actively developing UV protection parent resource materials, planning training workshops for all PTA leadership, and overseeing a number of mini-grants to PTA units and councils. These PTA mini-grants will be released in 2006 through a competitive RFP process.

Many of these partners participated in a UV Safety Consensus Meeting held in September 2005. Twenty-two participants (of 50 invited) attended this 1-day meeting in Charlotte, North Carolina, to discuss sun safety priorities and the work they have been conducting. In addition to mini-grant and community project partners, other participants included media representatives, staff from the North Carolina Department of Environment and Natural Resources, Division of Environment Health Radiation Protection Section, and staff from the North Carolina CCC Program.

#### ***3.3.7.2 Local Evaluation Plan***

Although the SunSense North Carolina initiative is involved in several evaluation activities, it does not have a stand-alone evaluation plan. As described above, two of the program goals focus on evaluation-related topics: increasing the quality of evaluation data and evaluating one of the implemented curricula, *Sunny Days, Healthy Ways*. The program has made strides in meeting both of these evaluation goals. Questions related to sun safety have been added to several surveillance systems (YRBS, BRFSS, Profiles, Training Tracker, and CHAMPS). Once these data are available, NCDPI plans to use them to develop sun safety fact sheets specific to North Carolina. In addition, the SunSense Coordinator and consultants from the North Carolina School Health Training Center, located at Appalachian State University, have developed a follow-up survey for the *Sunny Days, Healthy Ways* curriculum. This survey is administered using Zoomerang online survey/data collection software. The survey asks about the workshop schedule, number of students receiving the curriculum, and if additional information was needed to aid implementation and address barriers.

#### ***3.3.8 Initiative Successes***

When NCDPI and CCC staff were asked if they believe SunSense has been successful thus far, they indicated that the initiative has achieved some level of success but that there is still much work to be done. Successes that were discussed include the evolving partnership



between NCDPI and CCC and increased public awareness of sun safety and skin cancer prevention.

#### ***3.3.8.1 Evolving Partnership between NCDPI and CCC***

The partnership between NCDPI and CCC has been evolving over the past several years. During the initial years of implementation of this effort, CCC was experiencing a restructuring that included identifying new program leadership. During this time, there appears to have been little collaboration between CCC and NCDPI because skin cancer was a low priority for CCC. In 2005, this restructuring was completed and new management was brought on board. These changes have resulted in a renewed commitment by the CCC Program to address skin cancer prevention on some level. Work still needs to be done to build the capacity of the CCC Program to address sun safety in other areas outside of the schools and to address sun safety more fully in the North Carolina Cancer Control Plan. However, this partnership appears to have improved greatly since the initiative was originally funded.

#### ***3.3.8.2 Increased Public Awareness of Sun Safety and Skin Cancer Prevention***

Through this initiative, it appears that the issue of sun safety has been made much more visible on a statewide level—both to schools and within NCDHHS and NCDPI, as reflected by increased support for skin cancer prevention work. The funded schools and community groups appear to be making great strides in addressing environmental and individual change related to skin cancer prevention, as evidenced by the number of school sun safety policies that have been implemented and shade-related structures that have been erected. One initial challenge in the early phases of the initiative was getting schools to talk about sun safety. With numerous competing health priorities, sun safety was simply not on the radar screen of many schools. This no longer appears to be the case, and feedback from LEAs has been very positive. On an agency level, the new CCC Director is very committed and supportive of skin cancer prevention work, which has allowed CCC to become reengaged in this effort.

#### ***3.3.9 Challenges and Lessons Learned***

SunSense has made progress since 2003, but the program has faced several challenges. A primary challenge faced from early on in the initiative was getting access to schools and educating them about the importance of sun safety. In this time and atmosphere, many schools are being pulled in a variety of directions to address academic and public health needs. Many North Carolina schools, similar to schools across the nation, have been focusing health efforts toward the growing obesity epidemic among young people. In many cases, sun safety was not only a low priority but was not even on the radar screen of many school administrators. Before schools would apply for mini-grant funding, there needed to be extensive education to increase awareness of skin cancer and to get schools interested in

pursuing mini-grant funding for this issue. As noted above, one LEA was awarded mini-grant funding but then turned down the award. We will explore this more fully in the next phase of the evaluation to understand why this LEA decided not to pursue this funding. Putting health at the forefront of schools is a challenging task and one that SunSense is trying to address by integrating sun safety issues into other components of the school day.

Another challenge has been the bureaucracy that project staff have faced at some schools with regard to sun safe behaviors. For example, in some schools, students are forbidden to wear hats, which then makes it hard for staff to encourage students to cover up while outside. Similarly, some schools view sunscreen as medication and therefore do not allow students to use it during the school day. SunSense is trying to address some of these barriers, and the CCC Program staff anticipate that some of these issues may need to be addressed through state legislation.

As described in some detail above, creating a partnership between NCDPI and CCC has been very challenging, because of the restructuring of the CCC Program and the changes in leadership within CCC. Having a CCC Director who is supportive of and committed to sun safety has been critical and has moved this partnership along greatly. CCC staff also commented that having the right SunSense Coordinator has been very important under these challenging circumstances. Ms. Brock is credited with increasing sun safety awareness in NCDPI and CCC and for moving this initiative forward during the times when CCC was not as actively involved as it should have been.

A final barrier mentioned by SunSense staff is the uncertainty of funding. Not knowing the future funding situation has made it challenging to maintain project momentum. Unfortunately, at this time, North Carolina has not been able to secure additional sun safety funds outside of the current PA 03004 funding.

Overall, the biggest lesson learned from the SunSense project is the importance of partnerships. SunSense staff acknowledged that having established relationships with others to draw on and developing partnerships with those nearby (“going around the corner” to establish partnerships) is critical for the project. In this case, CCC’s and NCDPI’s skills and expertise complement each other well, although both partners realize that spelling out roles and commitment early on is important.

Other important lessons learned shared by staff include the importance of having a Cancer Director who is supportive of the project and finding goals and objectives that are related to both partners, and using those as a springboard. Finally, as one project staff member said, “be persistent”!

### **3.3.10 Conclusion**

Overall, North Carolina appears to have overcome some significant challenges in creating a partnership between CCC and NCDPI; however, there is still work to be done.

Communication and collaboration appear to have improved in the last year, and CCC appears to be more willing to include skin cancer and sun safety in their activities and priorities. Changes that would be perceived as helpful to furthering this partnership include reinstating the CCC Sun Safety Workgroup, addressing sun safety more fully in the North Carolina CCC Strategic Plan, and creating a more equal division of labor between CCC and NCDPI to address sun safety in North Carolina.

A majority of the activities being implemented by SunSense are done through mini-grants and funding to community groups. Mini-grants were seen as the fastest way to get this initiative moving forward and to build momentum. Because the evaluation of this initiative is intended to focus largely on activities taking place at the state level, we will have to explore how to most accurately capture the progress being made by the SunSense initiative.

### **3.4 Cross-Site Comparison Summary**

The PA 03004 funding has allowed for three pilot states to develop tailored partnerships and initiatives aimed at improving sun safety awareness and skin cancer prevention initiatives within schools and other education institutions. Each state has faced unique challenges in developing the partnerships between education and CCC Programs, and each has found ways to overcome all or some of these challenges. Colorado and North Carolina have each maintained a partnership that is grounded in the Department of Education/Department of Public Instruction and state CCC Program. Michigan has adapted this model and includes ACS as a third primary partner to meet the goals of their effort.

Although PA 03004 does not require the states to address all of the “Guidelines for School Programs to Prevent Skin Cancer,” all three states have developed goals and objectives that address most, if not all, of the guidelines. Their overarching initiative goals can be grouped into five main areas: (1) skin cancer education and information dissemination, (2) skin cancer prevention policies, (3) establishment of partnerships, (4) improvement of evaluation and surveillance related to skin cancer prevention, and (5) integration of sun safety into state CCC Program (Exhibit 3-17). Both improvement of skin cancer education and information dissemination and development and implementation of skin cancer prevention policies are addressed by all three funded partners.

The award amounts from CDC have varied across the 3 years of funding for which data were available. Exhibit 3-18 reports the funded awards across the first 3 years of this initiative. Michigan has received the smallest award across all 3 years. Colorado has had a constant funding amount of \$250,000, and North Carolina’s award has dropped each year from a high of \$294,985 in Year 1 to \$216,733 in Year 3. Colorado is also the only site that has been able to secure additional non-CDC supplemental funding; however, these funds were only obtained for Year 1 of this initiative.

**Exhibit 3-17. Summary of Partner Goals Across Key Program Areas**

Program Areas	Colorado Goals	Michigan Goals	North Carolina Goals
Improve skin cancer education and information dissemination	Goal 1: To implement skin cancer education and prevention programs as part of a CSHP in at least 30 school districts.	Goal 3: Comprehensive school health education. To provide age-appropriate education to students as part of a CSHP, which teaches the knowledge, attitudes, and behavioral skills needed to prevent skin cancer and which incorporates opportunities for practicing sun safety behaviors.  Goal 4: Dissemination. To increase dissemination of effective core messages, programs, policies, strategies, and resources regarding sun safety and skin cancer prevention through CSHP.	Goal 2: By February 2006, establish synergistic campaigns and strategies that educate school-aged children, school staff, and caregivers about skin cancer protective behaviors.
Develop and implement skin cancer prevention policies	Goal 2: To increase the policies/guidelines to promote skin cancer prevention behaviors and environments in at least 30 school districts.	Goal 2: Policies and programs. To facilitate state and local district adoption and implementation of policies and programs to promote sun safety and reduce exposure to UV radiation among youth, through CSHP.	Goal 1: By 2006, establish policies that reduce exposure to UV radiation.
Build partnerships		Goal 1: Building partnerships. To build partnerships among key stakeholders in health and education to reduce risk for skin cancer and promote sun safety among youth through CSHP.	
Improve evaluation and surveillance around skin cancer			Goal 3: By 2006, increase the quality of surveillance and evaluation data of school-aged children and caregiver skin cancer knowledge, attitudes, and behaviors.  Goal 4: By 2008, evaluate the implementation and effectiveness of strategies to reduce youth exposure to UV radiation.

(continued)

**Exhibit 3-17. Summary of Partner Goals Across Key Program Areas (continued)**

	Colorado Goals	Michigan Goals	North Carolina Goals
Incorporate sun safety into CCC state plans	Goal 3: To increase to a minimum of five objectives that directly relate to school-aged children and collaborate on the implementation of the objectives in the Colorado Cancer Plan 2010.		

**Exhibit 3-18. Amount of CDC Funding Per Fiscal Year, North Carolina**

Funding Year	Colorado	Michigan	North Carolina
Year 1 (2003–2004)	\$250,000	\$184,372	\$294,985
Year 2 (2004–2005)	\$250,000	\$184,372	\$255,000
Year 3 (2005–2006)	\$250,000	\$184,372	\$216,733
Year 4 (2006–2007)			
Additional non-CDC support obtained	Year 1 only—\$80,000	None to date	None to date

All of the funded partners have used some form of mini-grant structure to disseminate funds to local education agencies and/or schools. The funding available to organizations varies across the partners and is dependent on the intended use of the funds. Common uses include developing sun safety policies and constructing shade structures, including planting shade trees on school property.

Each state has achieved some level of success since funding was initiated in 2003. These successes have been a result of facing and overcoming a number of challenges and have led to a number of key lessons learned. Partners cited the following successes:

- Schools have begun to address sun safety as a key health issue for their students. Many teachers and school staff have been trained on sun safety and are applying it and integrating it into their lessons and behaviors.
- Mini-grant funding has led to the implementation of sun safety activities, including developing sun safety policies, planting shade trees, and constructing shade structures.
- Both CCC and education staff have become more knowledgeable about sun safety and skin cancer prevention and serve as advocates for this public health issue.

- Partnerships between CCC and education staff have been developed and/or strengthened as a result of this effort, which has opened the doors for future partnering on other cancer control and health issues.

Partners cited the following challenges:

- All three states have found that policy decisions that relate to sun safety are largely made locally, rather than at the state level. Therefore, enacting policies at the local level has taken more time and work than anticipated.
- Determining best practices for communication between partners has at times been challenging.

The primary lesson learned across all three partners is the value of establishing partnerships with organizations that can help advance this type of initiative, namely the state CCC Program and LEA. Michigan also has indicated that by bringing on another cancer control expert, it is not necessarily critical to involve a state CCC Program in all phases of implementation.

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## **APPENDIX A: INTERVIEW GUIDE FOR FIRST CALL WITH STATE SUN SAFETY COORDINATORS, JANUARY 2005**

### **Introduction**

Hello, my name is \_\_\_\_\_ and I am from Research Triangle Institute. We are working with the Division of Cancer Prevention and Control and the Division of Adolescent and School Health to learn about the School Partners in Skin Cancer Prevention Initiative in your state. Let me start by thanking you for taking the time to talk with us. Your assistance is greatly appreciated. \_\_\_\_\_ is one of three states participating in this initiative and we will be talking with individuals in each of the three states. We are asking the Sun Safety Coordinators in each of the three states to provide us with information that will help us to better understand the history, structure, partnerships, and activities within each state. We will be coming to \_\_\_\_\_ to meet with you and a number of different groups and individuals later on in the year. The purpose of this phone call is to help us better understand what has been going on in your state program since it started funding. We have reviewed the reports you have submitted to CDC and have some knowledge of your program, but we believe you are the expert on your state's program and we appreciate your help and guidance on this project.

Our initial call with you should last approximately 60 minutes. Is this still a good time to talk?

One final question before we get started. Because it can sometimes be difficult to get all of someone's comments written down during an interview, we want to ask you if it would be okay if we tape recorded our discussion? This tape will be used to verify any questions we may have or fill in any gaps in the notes I take to be certain that we capture your thoughts and responses accurately. This tape will be kept confidential and will only be used by RTI staff involved in this evaluation.

Do I have your permission to tape record this conversation?

Yes     No

[If no, explain that we understand that decision and that you will make every effort to capture their responses in your notes.]

---

**Summary of Programs Funded Through  
the CDC *School Partners in Skin Cancer Prevention Initiative***

*(The information contained in this document is derived from document review  
and program grantee input.)*

---

**State:** \_\_\_\_\_

**Name of Program:** \_\_\_\_\_

**Program's Web Site Address (if available):** \_\_\_\_\_

**DCPC Program Consultant:** \_\_\_\_\_

**DASH Project Officer:** \_\_\_\_\_

**Program Contact Information:**

	Comprehensive Cancer Control	Sun Safety Coordinator	Other Main Contacts		
			Health Department	DPI	Evaluator
Name					
Title/role					
Organization					
Percent time on project					
Street address					
City					
State					
Zip					
Phone number					
Fax number					
E-mail					

1. What is your title on this project?
2. To get us started, can you tell us about your role as the sun safety coordinator [or appropriate title] for \_\_\_\_\_?
  - ? How long have you been the \_\_\_\_\_?
  - ? What are your main responsibilities as the \_\_\_\_\_?

## Section 1: Program Overview

1. Each program was responsible for implementing one or more of the guidelines outlined in the CDC *"Guidelines for School Programs to Prevent Skin Cancers."* Which of the seven guidelines did your program choose to implement? How did your program choose which guidelines to implement?
2. What were the primary activities implemented through this program since CDC funding began in October 2003 (i.e., Year 1 of funding)?

What activities are planned for Year 2 (October 2004–September 2005) of this program?

## Section 2: Program Funding

Has additional, non-CDC funding been obtained to support the activities of this program?

- ☐ Yes   ☐ No   ➤ If yes, in what ways, if any, did CDC funding for this program help the organization in obtaining additional funding (e.g., for example, did activities or products resulting from CDC funding assist in securing funding from additional sources?).

## Section 3: Program Staffing

1. How many CDC-funded staff work on this program?
2. Please describe any previous experience, if any, these individuals have had in the area of skin cancer prevention. Other disease area prevention experience?
3. How did key staff learn about skin cancer/prevention in order to implement this initiative? Please describe any professional training or other resources provided to staff.
4. Are there plans to hire additional CDC-funded staff for program implementation?  
☐ Yes   ☐ No   ➤ If yes, please describe.
5. Is there a program staffing/organizational chart?  
☐ Yes   ☐ No   ➤ If yes, please provide a copy.

## Section 4: Partnerships

1. Have partnerships with other organizations been established as a part of implementing this program?  
☐ Yes   ☐ No   ➤ If yes, please describe.
  - a. Who is (are) the partner(s)?
  - b. What is (are) the responsibilities of each partner?
  - c. How were certain partners selected? Were the skin cancer guidelines used as a criteria for selecting partners?
  - d. Are there established protocols for facilitating communication among the partners? (e.g., biweekly conference calls, monthly meetings)?

2. If not described above, please describe the partnership that exists with the Comprehensive Cancer Control Program at the state health department.
3. When developing your plan and selecting which Guidelines for School Programs to Prevent Skin Cancer to address, were any of your partners included in the decision-making process?
4. *If not determined from above...Is/Has your program providing funding to other organizations to implement program activities (often such funding is described as "mini-grants")?*  
☐ Yes   ☐ No   ➡ If yes, please answer the following:
  - a. Who is (are) the funded agency?
  - b. How much funding did each organization receive?
  - c. For how long is (are) the agency(ies) to receive funding?
  - d. How were these funded agencies selected? What was the criteria used to award funding?
  - e. Was each funded agency or organization required to select certain guidelines included in the CDC's Guidelines for Skin Cancer Prevention to implement?
  - f. Are there progress reports or other materials that describe how these agencies are using the funding?  
☐ Yes   ☐ No   ➡ If yes, may we obtain copies of these materials?

## Section 5: Evaluation Plan

Are the program's proposed short-term and long-term outcomes formalized into an evaluation plan? By evaluation, we mean formal, systematic gathering of information for improving and accounting for program effectiveness.

☐ Yes   ☐ No   ➡ If yes, please provide a copy.

## Section 6: Lessons Learned

1. Would you say that this program has been successful so far?
2. What are the measures of success by which this was determined?
3. What factors have contributed to the success of the program?
4. What factors have posed barriers to the success of the program? How are/were these barriers overcome?
5. Have any of the goals and objectives of this program changed since the program started?  
☐ Yes   ☐ No   ➡ If yes, why and in what way?
6. What have been the most valuable lessons learned from implementing the program to date?

This call serves as the first of several contacts that we will have with you and individuals in \_\_\_\_\_ during this study. Besides seeing you in a few weeks at the grantee meeting in Atlanta, I will also be coming to \_\_\_\_\_ to talk with key individuals involved in this project in \_\_\_\_\_. This will likely include key partners, including staff from the Comprehensive Cancer Control and mini-grant recipients. Given that some of these partners will likely be in schools, is there a better time that you know of to conduct these visits, taking into consideration state school testing schedules, holiday breaks, etc....? We would like to talk with you some more as well and will be in touch to schedule a time for a face-to-face interview. As we move forward with these visits, we may need someone who can assist us with arranging meetings with these program partners. Would you be willing to help us in this role?

Thank you again for your time. The information you provided will be combined with what we learn from others in the program so that we can begin to build a comprehensive overview of how the *School Partners in Skin Cancer Prevention* initiative is being implemented in your state.

## APPENDIX B: TELEPHONE INTERVIEW PROTOCOL FOR CDC SCHOOL PARTNERS IN SKIN CANCER PREVENTION INITIATIVE

Interviewer: \_\_\_\_\_

Scheduled Interview Date and Time: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_:\_\_\_\_ am/pm

Grantee State: \_\_\_\_\_

Respondent's Name: \_\_\_\_\_ Education/Cancer/Other   ☛ (circle one)

Phone: \_\_\_\_\_

**Opening Script:** Hi [*respondent's name.*] This is \_\_\_\_\_ from RTI International. My colleague [*note taker's name*] is joining me on this call to help take notes and make sure that we stay on time. Let me start by thanking you for taking the time to talk with me. As you may recall, we first spoke with [you or the sun safety coordinator in your program] back in January 2005. During this call, we were able to learn more about what was going on with your program at the time. The purpose of today's call will be to obtain updated information as well as gather new information with regards to your program's history, infrastructure, partnerships, and activities. There are no right or wrong answers. We are just wanting you to share your thoughts and perspective on these various program components. Is this still a good time to talk?

The information you share with me today will be used to develop a descriptive report of your program that will be shared with CDC and your program. To supplement the information we obtain on this call, we will also be reviewing other sources, such as progress reports and other materials to help inform the report. Do you have any questions so far?

[Answer any questions.]

One last question before we get started. Because it can sometimes be difficult to get all of someone's comments written down during an interview, we want to ask you if it would be okay if we tape recorded our discussion? This tape will be used to verify any questions we may have or fill in any gaps in the notes we take to be certain that we capture your thoughts and responses accurately. This tape will be kept confidential and will only be used by RTI staff involved in this evaluation. And, after the project is complete, the tapes will be destroyed.

Do I have your permission to tape record this conversation? Yes      No

[If no, explain that you understand that decision and that you will make every effort to capture their responses in your notes.]

Okay, let's get started.

## Section 1: Respondent Background

1. First, can you start off by telling us what your role is on the project (title, organizational affiliation, responsibilities)?

### ☉Target question(s)

**Sun Safety Coordinator**

? Are you serving in a full- or part-time capacity in this effort?

2. How long have you been in this position?
3. Prior to this pilot project, what type of experience did **you** have working in skin cancer prevention?

### ☉Target question(s)

**Comprehensive Cancer Control (CCC) and others outside of education**

? Prior to this pilot project, what type of experience did you have working with schools?

## Section 2: History/Priority of Skin Cancer

Next, I'd like to ask you a few questions about the historical and current priority of skin cancer in your organization.

1. First, can you start off by providing us with a brief description of your organization's previous experience with sun safety and skin cancer prevention?

### Followup/Probe(s)

? Has there been someone assigned to specifically address sun safety issues?

? Has your organization previously implemented programs or activities to address skin cancer prevention? Please describe.

? Has your organization previously implemented programs or activities to address skin cancer prevention **for young people**? Please describe.

2. How does skin cancer prevention fit into the **current** priorities of your organization?

### Followup/Probe(s)

? In your opinion, would skin cancer prevention for young people have been addressed by your organization if this initiative had not been funded?

## Section 3: Program Funding

Next, I have a few questions about the type(s) of funding your program has received.

### ☉Target question(s)

#### Department of Education

From a review of your most recent progress report and some materials we've received previously, I was able to gather some information on the amount of funding your program has requested, received, and expended for skin cancer prevention. We have created a table that outlines this information and I'll be sending it to you after this call to verify and complete for me. But for now...

1. I'd like to know, in addition to the CDC funding your program has received under this initiative, has your program received any non-CDC funding or other resources to support program activities? These resources may include other agency funding, materials, in-kind services, etc. your program has received.  
☐ Yes    ☐ No (Go to Question #2)    ➤    If yes
  - a. What types of support has your program received?
  - b. How were these resources identified?
  - c. In what ways (i.e., program areas) have these additional resources been used?
  - d. In what ways, if any, did CDC funding for this program help your organization in obtaining additional funding and/or other resources?

#### Followup/Probe(s)

- ? Did activities or products resulting from CDC funding assist in securing funding from additional sources?.
2. What percent of your Program's funding from CDC in the current fiscal year 2005 (March 2005–February 2006) was allocated for **implementation** of activities and/or interventions?
3. What percent of your Program's funding from CDC in the current fiscal year 2005 (March 2005–February 2006) was allocated specifically for **evaluation** of Program activities and/or interventions?

### ☉Target question(s)

#### Comprehensive Cancer Control

1. I'd like to know, in addition to the current CDC funding your program has received under this initiative, has your program sought out/received additional funding to support your efforts under this initiative or reallocated existing funding to address skin cancer prevention?  
☐ Yes    ☐ No (Go to Question #2)    ➤    If yes
  - a. What was the source of this additional or reallocation of funds?



## Section 4: Program Staffing

Okay. Now, I'd like to talk a little about program staffing.

1. First, can you tell me if there has been any major staffing changes since your last funding period? This can include state staff and/or consultants/subcontractors hired to assist with program implementation.  
☐ Yes    ☐ No    ➤ If yes
  - a. What were these changes?  
**Followup/Probe(s)**  
? Were these changes within CCC or education?
  - b. How have these changes impacted program implementation?
2. Are there plans to hire additional staff for program implementation?  
☐ Yes    ☐ No    ➤ If yes
  - a. Would these staff be paid from CDC funds?  
☐ Yes    ☐ No    ➤ If no
    - a. How will they be compensated?
3. Was any professional knowledge or training on skin cancer prevention provided to staff for program implementation?  
☐ Yes    ☐ No    ➤ If yes
  - a. Who provided this training?
  - b. Can you describe the training that took place?
  - c. Has the training of staff on skin cancer issues facilitated program implementation?  
If so, in what way(s)?  
➤ If no
    - a. What are the reasons staff were not trained on skin cancer issues?
4. Is there a program staffing/organizational chart you can provide us?  
☐ Yes    ☐ No    ➤ If yes, please request copy.

## Section 5: Skin Cancer Guideline Implementation

Next, I'd like for you to share your thoughts with me about how your program has implemented your selected skin cancer guidelines.

As you know, each program was responsible for implementing one or more of the guidelines outlined in the CDC "Guidelines for School Programs to Prevent Skin Cancer." When we first spoke to someone from your organization back in January 2005, it was noted that your organization chose to implement \_\_\_\_ of the seven guidelines. These were: \_\_\_\_\_.

[Note to interviewer: The information above can be obtained from Program Summary Forms completed back in January 2005.]

1. Since the program began, have any of the guidelines you are addressing changed in any way?

**Followup/Probe(s)**

? Have any guidelines been added? Excluded? If so, why were they added/excluded?

2. It is our understanding that you are providing a number of mini-grants to local organizations to implement sun safety activities.
  - a. Why did you decide to fund mini-grants?
  - b. How were these groups selected to receive funds?

## **Section 6: Partnerships**

A core component of this initiative is the establishment of partnerships both at the national and state levels. As you know, each state's education agency was required to partner with its state Comprehensive Cancer Control agency to implement selected skin cancer guidelines.

1. Can you describe for me the partnership between the state CCC and the state department of education?

**🎯Target question(s)**

**ACS (Michigan only)**

? Can you describe for me the partnership between ACS and the state department of education?

**Followup/Probe(s)**

- ? How often do partners meet together for this initiative?
- ? Do partners work together to develop the annual work plan?
- ? Do CCC staff serve on any sun safety work groups?
- ? Do education staff serve on any CCC work groups?
- ? **For ACS (Michigan) only:** Do ACS staff serve on any sun safety and/or CCC work groups?

2. What are the benefits of your partnership with [CCC or the department of education] in implementing this initiative?

**Followup/Probe(s)**

- ? Has the partnership resulted in improved outreach to schools?
- ? Has there been a successful division of labor on tasks?
- ? Have the skills/ expertise of each organization been complementary?

3. Describe, if any, challenges this partnership has faced in implementing this initiative.

4. What have been some of the lessons learned with regard to this partnership?

## **Section 7: Evaluation Plan**

1. Have your program's proposed short-term and long-term outcomes formalized into an evaluation plan? By evaluation we mean formal, systematic gathering of information for improving and accounting for program effectiveness.  
☐ Yes    ☐ No (Skip to Section 8)
  - ☛ If yes, request a copy.
  - ☛ If yes
    - a. Who is responsible for implementing this plan?
    - b. Did any partners participate in the development of the plan?  
☐ Yes    ☐ No    ☛ If yes
      - a. How were they involved?

## **Section 8: Lessons Learned**

1. Would you say that this program has been successful so far?
2. What are the measures of success by which this was determined?
3. What factors have contributed to the success of the program?
4. What factors have posed barriers to the success of the program? How are/were these barriers overcome?
5. Have any of the goals and objectives of this program changed since the program started?  
☐ Yes    ☐ No    ☛ If yes
  - a. Why and in what way(s) have they changed?
6. What have been the most valuable lessons learned from implementing the program to date?

End of questions. Go to closing script on next page.

## Closing Script

Well, that's all the questions I have for you today. Before we wrap up, I want to mention again that the information you provided today will be used to develop a descriptive report to share with CDC and your program. You will get a chance to review a draft of the report and provide us with any feedback and revisions before it's finalized. Do you have any questions?

Great, there's just a few more things I'd like to mention before we conclude.

### 🎯 Target script

#### Sun Safety Coordinator (Education Staff)

I'll be e-mailing you some information soon to update/verify for me. This will include the funding table I mentioned earlier, as well as a program staffing table and additional information with regard to your mini-grants. If you could verify/update this information and send it back to me by January 6th, that would be great.

## Request for Other Materials

If there are any other program materials, reports (e.g., from mini-grant recipients, other partners) that you can share with us, that would be greatly appreciated.

## Scheduling of Face-to-Face Interviews

And one last thing. During the December 5th call, we mentioned that we would like to schedule face-to-face interviews with you, your key partners and other individuals whom you think it would be good to talk to for a more in-depth conversation about your program. We are developing a list of people we would like to talk with at each site and would like your input on who to speak with as well. We'd like to schedule these interviews in February during a 1.5- to 2-day period. Are there dates right offhand you can think of that work best for you during this time or dates we should avoid?

[Interviewer: Obtain tentative dates or follow up with grantee for scheduling.]

As we move forward with these visits, we may need someone who can assist us with arranging meetings with these program partners. Would you be willing to help us in this role or know who might be able to assist?

☐ Yes    ☐ No    If no, then name/e-mail/phone of contact provided: \_\_\_\_\_

Thank you again for your time. The information you provided will be combined with what we learn from others in the program so that we can begin to build a comprehensive overview of how the *School Partners in Skin Cancer Prevention* initiative is being implemented in your state. Have a great day!

End call.

## Follow-up for Interviewers

In your follow-up e-mail to grantees:

- ? Of course, thank your grantee for taking the time to interview.
- ? Send funding, staffing, and mini-grant charts (see next page) to grantee for verification/update (request January 6 return date).
- ? Request programs to send any relevant materials (e.g., partner reports, evaluation plans).
- ? Follow-up for site-visit scheduling.

## Program Funding Table

Funding Year	Dollars Requested from CDC	Dollars Awarded by CDC	Additional Non-CDC Support		Dollars Expended
			Funding (Source)	Other Resources (i.e., In-Kind Services) (Source)	
Year 1 (2003–2004)	\$	\$	Amount: _____ Source: _____	Other: _____ Source: _____	
Year 2 (2004–2005)	\$	\$	Amount: _____ Source: _____	Other: _____ Source: _____	
Year 3 (2005–2006)	\$	\$	Amount: _____ Source: _____	Other: _____ Source: _____	
Year 4 (2006–2007)	\$	\$	Amount: _____ Source: _____	Other: _____ Source: _____	

## Program Staffing Table

\*Refer to previous program summary form.

## Funding for Mini-Grants

Mini-Grant Recipient	Dollars Awarded	Funding Period
	\$	
	\$	
	\$	
	\$	

**APPENDIX C:  
SCHOOL HEALTH IN COLORADO—A BRIEF HISTORY**

# School Health in Colorado—A Brief History



## 1912

- Dental clinic established at Morey Middle School in Denver

## 1950s

- Traditional school health services provided in schools
- School nurses used screening model and first aid
- School districts contracted with public health agencies to provide school nursing
- Mildred Doster, a physician for Denver Public Schools, laid groundwork for value of health education in addition to health services

## 1960s

- Three-tiered school health model promoted in schools, included:
  - Health services
  - Health education
  - Healthy environment

## 1970s

- Colorado Department of Education (CDE) hired first health education consultant
- Colorado School Health Council was formed for school nurses and health educators
- School health education was based on the “Berkeley Model”
- Office of School Health at the University of Colorado Health Sciences Center trained school nurse practitioners
- First school-based health center opened in Commerce City (1975)

## 1980s

- First adolescent health report unveiled, which included a recommendation for comprehensive K-12 health education (1982)

- First rural school-based health centers opened in the San Luis Valley

- Safe and Drug Free Schools and Communities legislation (1986)

- First two school-based health centers opened in Denver (1988)

- Colorado Adolescent Project awarded for comprehensive health center and a comprehensive approach to addressing adolescent health needs in schools

- Rocky Mountain Center for Health Promotion and Education founded and funded partially by Maternal and Child Health

## 1990s

- Colorado Trust provided funding for comprehensive health education and teen pregnancy prevention programs for a five-year period

- Fluoride rinse programs throughout state were administered by the Colorado Department of Public Health and Environment (CDPHE)

- First Youth Risk Behaviors Survey (YRBS)

- Comprehensive Health Education Act of 1990 provided funding to schools

- CDPHE received “Making the Grade” grant for school-based health centers

- Colorado team went to West Virginia to vie for first CDC infrastructure grant (1994)

- Colorado Connection for Healthy Kids coalition formed after statewide summit to support comprehensive health and coordinated school health (1995)

- Tobacco-Free Schools law passed

- Abstinence education Title V federal program started as part of Welfare Reform (1996)

- Tobacco-Free Schools law revised (1998)

- Revision of school health services guidelines (1999)

## 2000s

- HB 00-1342 (Interagency Coordination) created state mandate to coordinate all prevention programs for children and youth (2000)

- Formal Prevention Leadership Council formed (2001)

- Tobacco Master Settlement Agreement funds distributed in Colorado

- School nurse orientation conference started

- First Youth Tobacco Survey

- School based sealant program(s) in Metro Denver Schools (2002)
  - “Chopper Topper” sponsored by KIND

- CDE received the CDC “Improving the Health, Education and Well-Being of Young People” infrastructure grant (2003)

- Interagency School Health Team formed

- State tobacco plan developed

- Miles for Smiles Mobile dental van on Western Slope parked at schools, sponsored by KIND

- School Nurse Mentor program started (2004)

- Public health agencies provided \$10,000 planning grants to assist three coordinated school health pilot programs to promote and develop the coordinated school health model

- CDPHE received the “Enhancing state capacity to address child and adolescent health through violence prevention” (CDC) grant and coordinated with Interagency School Health Team (2004-2006)

## APPENDIX D: COLORADO PLANNED YEAR 4 ACTIVITIES

**Table D-1. Overview of Planned Year 4 Activities by Goal, Objective, and Guideline**

Colorado Goal	Objectives	Applicable Skin Cancer Guideline							Year 4 Planned Activities Reported in Mid-Year Progress Report
		1	2	3	4	5	6	7	
Goal 1: By February 2007, implement skin cancer education and prevention programs as part of a coordinated school health program in at least 30 school districts based on the Comprehensive Cancer Prevention (CCP) 2010 and CDC School Guidelines.	1.1: Coordinate and collaborate with the Colorado Cancer Coalition's Skin Cancer Task Force and contractors to coordinate and disseminate resources for schools and their communities.			✓		✓			<ul style="list-style-type: none"> <li>Collaborate on state cancer conference and incorporate all outcomes on Colorado Cancer Coalition Web site.</li> </ul>
	1.2: Work with the Health Coordinator Leadership Institute and five coordinated school health pilot districts to integrate sun safety into their district planning process.	✓		✓					<ul style="list-style-type: none"> <li>Attend coordinator meetings.</li> <li>Integrate sun safety training and initiatives into coordinated school health teams.</li> <li>Fund coordinated school health program (CSHP) school teams for sun safety policy, education, and environment.</li> </ul>
	1.3: Conduct two trainings for at least 50 school health coordinators, physical education teachers, coaches, school nurses, and health teachers.					✓			<ul style="list-style-type: none"> <li>Arrange training for participants.</li> <li>Implement trainings.</li> </ul>

(continued)



**Table D-1. Overview of Planned Year 4 Activities by Goal, Objective, and Guideline (continued)**

Colorado Goal	Objectives	Applicable Skin Cancer Guideline							Year 4 Planned Activities Reported in Mid-Year Progress Report
		1	2	3	4	5	6	7	
Goal 1 (cont'd)	1.4: Provide policy Web site, grade-level toolkits, and technical assistance for program implementation at schools.	✓							<ul style="list-style-type: none"> <li>Update program Web site.</li> <li>Provide resources and materials to support policy and program implementation (e.g., <i>Fit, Healthy, Ready to Learn</i>; CDC guidelines; <i>Sunny Days</i>).</li> <li>Provide bilingual grade-level toolkit materials and anti-tanning fashion show materials at training and on the Web site.</li> <li>Prepare and distribute anti-tanning press kits to train 30 student journalists.</li> <li>Provide technical assistance to schools.</li> </ul>
	1.5: Fund at least 14 schools to implement prevention and education programs.			✓					<ul style="list-style-type: none"> <li>Design a mini-grant/action plan application and distribute to training attendees.</li> <li>Review and award grants.</li> <li>Monitor progress.</li> <li>Fund five high schools to implement the anti-tanning campaign.</li> </ul>
Goal 2: By February 2007, policies/guidelines in at least 30 school districts will increase by 25% to promote skin cancer prevention behaviors and environments to support the CCP 2010 policy goal for schools.	2.1: Promote sample policies through CASB for use with local school boards.	✓							<ul style="list-style-type: none"> <li>Participate in CSHP Policy Academy. Disseminate Fit Healthy and Ready to Learn and CDC Guidelines for Schools documents to local school boards of funded programs.</li> </ul>
	2.2: Participate on the Colorado Cancer Coalition's Skin Cancer Task Force to implement schools portion of the 2005 plan for 2010.	✓		✓					<ul style="list-style-type: none"> <li>Attend committee meetings.</li> <li>Coordinate with Colorado Department of Education (CDE) tobacco and nutrition staff to include schools goals for those areas in 2010 plan.</li> </ul>

(continued)

**Table D-1. Overview of Planned Year 4 Activities by Goal, Objective, and Guideline (continued)**

Colorado Goal	Objectives	Applicable Skin Cancer Guideline							Year 4 Planned Activities Reported in Mid-Year Progress Report
		1	2	3	4	5	6	7	
Goal 2 (cont'd)	2.3: Continue to expand and refresh the Sun Safe Colorado Web site to meet users' needs.			✓				✓	<ul style="list-style-type: none"> <li>Add features, content, and toolkit materials to the Sun Safe Colorado Web site.</li> </ul>
	2.4: Conduct formative research to help develop a self-sustaining, continuous dissemination strategy for the Sun Safe Colorado program.	✓						✓	<ul style="list-style-type: none"> <li>Conduct focus groups with teachers and administrators.</li> <li>Plan a statewide dissemination strategy.</li> <li>Plan an online training program or tutorial.</li> </ul>
	2.5: Analyze increase in policies from Web site data.							✓	<ul style="list-style-type: none"> <li>Track baseline assessments and mid-year and end-of-year improvements of funded programs</li> </ul>
	2.6: Evaluate funded projects to revise program and develop large-scale statewide training and support.							✓	<ul style="list-style-type: none"> <li>Administer follow-up school policy assessment surveys using free sunscreen, Sun Safe School banner, and monetary awards for participation.</li> <li>Evaluate data.</li> <li>Synthesize data.</li> </ul>
Goal 3: By February 2007, continue the use of current and appropriate sun-safety surveillance data using the Colorado Child Health Survey/ Behavioral Risk Factor Surveillance System (BRFSS) and other data sources.	3.1: Combine multiyear data to observe trends in child health related to skin cancer issues.							✓	<ul style="list-style-type: none"> <li>Collect 2005 data.</li> <li>Incorporate data into brief for use in dissemination activities.</li> <li>Review with Colorado Cancer Coalition's Skin Cancer Task Force.</li> </ul>
	3.2: Design strategies to reach schools based on current data.							✓	<ul style="list-style-type: none"> <li>Analyze results of 2004–2005 child health survey.</li> <li>Develop brief of results for use throughout Colorado.</li> </ul>
	3.3: Provide data to schools, communities, and policy makers to assist with decision making.							✓	<ul style="list-style-type: none"> <li>Create report using latest data and trends.</li> <li>Disseminate data in formal manner using Web, mailing, and conference presentations.</li> </ul>



## APPENDIX E: MICHIGAN PLANNED YEAR 4 ACTIVITIES

**Table E-1. Overview of Planned Year 4 Activities by Goal, Objective, and Guideline**

Michigan Goal	Objectives	Applicable Skin Cancer Guideline							Year 4 Planned Activities Reported in Year 3 Mid-Year Progress Report
		1	2	3	4	5	6	7	
Goal 1: Building Partnerships. To build partnerships among key stakeholders in health and education to reduce risk for skin cancer and promote sun safety among youth through CSHP.	1.1: To assess progress on the objectives of the CDC/ DASH supplemental grant for skin cancer prevention and identify gaps and areas for future focus.								<ul style="list-style-type: none"> <li>Project team will meet monthly to discuss grant progress, identify responsibilities, discuss issues, review the results of evaluation, and determine next steps.</li> </ul>
	1.2: Michigan Department of Education (MDE) will award designated grants to the ACS and to the Michigan Department of Community Health (MDCH) Cancer Control Unit to coordinate partnership activities for the grant.								No activities listed.
	1.3: Develop and disseminate a 5-year plan with reasonable and measurable goals to reduce the risk for skin cancer and promote sun safety through CSHP. An evaluation plan (process and programmatic) will be developed that is parallel to the work plan. The plan will address the three main goals of the Michigan Cancer Consortium (MCC) Initiative and CDC's seven "Guidelines for School Programs to Prevent Skin Cancer."								<ul style="list-style-type: none"> <li>✓ State, regional, and local health and education partners will participate as a sun safety advisory group to provide input into the sustainability plan and assist in the implementation of grant activities. In addition to representatives from MDE, ACS, and MDCH, members will include MCC organizations; Governor's Council on Physical Fitness, Health, and Sports; representatives from Michigan Action for Healthy Kids Coalition; Michigan Dermatological Society; Michigan Parent, Teacher, Student Association (PTSA); Michigan School Nurses Association; Michigan-based manufacturers of sun safety products; Michigan Parks and Recreation; Michigan High School Athletic Association; health education teachers; student leaders; and others.</li> </ul>

(continued)

**Table E-1. Overview of Planned Year 4 Activities by Goal, Objective, and Guideline (continued)**

Michigan Goal	Objectives	Applicable Skin Cancer Guideline							Year 4 Planned Activities Reported in Year 3 Mid-Year Progress Report
		1	2	3	4	5	6	7	
Goal 1 (cont'd)	1.4: Sustain established partnerships with Michigan organizations that promote and encourage sun safety initiatives for youth. Coordinate sun safety awareness activities with new organizations, when appropriate.			✓	✓	✓	✓		<ul style="list-style-type: none"> <li>Continue to coordinate with the Governor's Council on Physical Fitness, Health, and Sports to integrate sun safety messages and activities into their initiatives (e.g., Safe Routes to School and All Children Exercise Simultaneously).</li> <li>Continue to coordinate with the Michigan High School Athletic Association to integrate sun safety messages and activities into their initiatives (e.g., new coach's trainings and newsletters).</li> <li>Continue to coordinate with the Michigan Action for Healthy Kids Coalition to integrate sun safety messages and activities into their initiatives.</li> <li>Continue to coordinate with Michigan PTSA/PTO groups to provide sun safety information and products to Michigan PTSA/PTO staff, parent leaders, local parent groups, teachers, students, and school administrators. Administer mini-grant program and support locally developed initiatives. Distribute Sun Safety Toolkit for school parent groups.</li> <li>Coordinate with MDE and Michigan Association of Health, Physical Education, Recreation, and Dance to develop a sun safety component for safety guidelines for physical education in Michigan and distribute guidelines to K–12 schools.</li> </ul>

(continued)

**Table E-1. Overview of Planned Year 4 Activities by Goal, Objective, and Guideline (continued)**

Michigan Goal	Objectives	Applicable Skin Cancer Guideline							Year 4 Planned Activities Reported in Year 3 Mid-Year Progress Report
		1	2	3	4	5	6	7	
Goal 1 (cont'd)	1.4 (cont'd)								<ul style="list-style-type: none"> <li>Continue to coordinate with ACS Relay for Life events. Local offices will use the Sun Safety Toolkit to implement sun safety activities at Relay for Life events. Further develop the sun safety section of the ACS Great Lakes Division Web site and market site to partners. Publish sun safety newsletters in the Voices newsletter annually.</li> </ul>
Goal 2: Policies and Programs. To facilitate state and local district adoption and implementation of policies and programs to promote sun safety and reduce exposure to UV radiation among youth, through CSHP.	2.1: Disseminate sample local school policies, school self-assessment questions, and a recommended process regarding sun safety promotion through CSHP. Resources will include the CDC "Guidelines," "Fit Healthy, and Ready to Learn," and the Healthy School Action Tool (HSAT)—Michigan's revised School Health Index (SHI).								No activities listed.

(continued)

**Table E-1. Overview of Planned Year 4 Activities by Goal, Objective, and Guideline (continued)**

Michigan Goal	Objectives	Applicable Skin Cancer Guideline							Year 4 Planned Activities Reported in Year 3 Mid-Year Progress Report
		1	2	3	4	5	6	7	
Goal 3: Comprehensive School Health Education. To provide age-appropriate education to students as part of a CSHP, which teaches the knowledge, attitudes, and behavioral skills needed to prevent skin cancer and which incorporates opportunities for practicing sun-safety behaviors	3.1: Finalize and make available age-appropriate lessons of the Michigan Model for Comprehensive School Health Education for middle school, high school, and alternative high schools, incorporating real-life opportunities to practice recommended sun safety behaviors.								No activities listed.
	3.2: Develop age-appropriate lessons of the Michigan Model for Comprehensive School Health Education for elementary school, incorporating real-life opportunities to practice recommended sun safety behaviors.			✓					<ul style="list-style-type: none"> <li>Continue development of K–3 lessons.</li> <li>Finalize and distribute lessons for grades 4 and 5.</li> </ul>

(continued)

**Table E-1. Overview of Planned Year 4 Activities by Goal, Objective, and Guideline (continued)**

Michigan Goal	Objectives	Applicable Skin Cancer Guideline							Year 4 Planned Activities Reported in Year 3 Mid-Year Progress Report
		1	2	3	4	5	6	7	
Goal 4: Dissemination. To increase dissemination of effective core messages, programs, policies, strategies, and resources regarding sun safety and skin cancer prevention through CSHP.	4.1: Share policy and program recommendations with advisory group.	✓							<ul style="list-style-type: none"> <li>Present policy and program recommendations at one or more state-level conferences or trainings.</li> </ul>
	4.2: Explore media opportunities for sun safety promotion with ACS's communications department. Use existing media materials (e.g., ACS's <i>Slip! Slop! Slap!</i> , CDC's <i>Choose Your Cover</i> , and EPA's <i>Sunrise</i> materials).								No activities listed.





## APPENDIX F: NORTH CAROLINA PLANNED YEAR 4 ACTIVITIES

**Table F-1. Overview of North Carolina Planned Year 4 Activities by Goal, Objective, and Guideline**

North Carolina Goal	Objectives	Applicable Skin Cancer Guideline							Year 4 Planned Activities Reported in Mid-Year Progress Report
		1	2	3	4	5	6	7	
Goal 1: Over the next 2 years, strengthen and maintain staffing and training that supports public education and public health initiatives in the reduction of skin cancer.	1.1: Maintain a full-time public education staff position that is responsible for enhancing comprehensive school health programs, with an emphasis in the areas of skin cancer prevention, and maintain a part-time position that is responsible for integrating skin cancer within the CCC program.								<ul style="list-style-type: none"> <li>Write Department of Public Instruction (DPI) work plan, which incorporates all grant activities and DPI responsibilities.</li> <li>Write and participate in annual DPI work evaluation.</li> <li>Write a Department of Health and Human Services (DHHS) work plan that incorporates assigned grant activities and CCC program responsibilities.</li> </ul>
	1.2: Through 2007, work effectively with other grant staff to enhance the DPI capacity to deliver comprehensive school health programs, with an emphasis on skin cancer prevention, as measured by biannual progress reports.								<ul style="list-style-type: none"> <li>Attend and participate in all DPI school health forum activities.</li> <li>Assist in planning, attending, and presenting at CSHP By the Sea and other CSHP workshops.</li> </ul>

(continued)

**Table F-1. Overview of North Carolina Planned Year 4 Activities by Goal, Objective, and Guideline (continued)**

North Carolina Goal	Objectives	Applicable Skin Cancer Guideline							Year 4 Planned Activities Reported in Mid-Year Progress Report
		1	2	3	4	5	6	7	
Goal 2: By 2008, establish policies that reduce exposure to UV.	2.1: By February 28, 2007, develop model policies, recommendations, and materials to address UV protective measures for school-aged youth and their caregivers.								<ul style="list-style-type: none"> <li>▪ Use the work of the SunSense consensus panel and the Prevention Subcommittee of the Advisory Committee on Cancer Coordination and Control to develop a school-based UV protective best practice document for distribution to all school systems and partner agencies.</li> <li>▪ Support skin cancer prevention activities through staff participation on the Prevention Subcommittee of the Advisory Committee on Cancer Coordination and Control.</li> <li>▪ Develop a Schools Advocating, Promoting Sun Safety companion document for UV strategies for outdoor recreation environments in partnership with community-based organizations (e.g., Girl/Boy Scouts, Parks and Recreation, and other associations).</li> </ul>

(continued)

**Table F-1. Overview of North Carolina Planned Year 4 Activities by Goal, Objective, and Guideline (continued)**

North Carolina Goal	Objectives	Applicable Skin Cancer Guideline							Year 4 Planned Activities Reported in Mid-Year Progress Report
		1	2	3	4	5	6	7	
Goal 2 (cont'd)	2.2: By February 28, 2007, fund six lead education agencies (LEAs) as intervention sites that develop policies and programs that support UV protective behaviors for school-aged youth.								<ul style="list-style-type: none"> <li>Develop and distribute UV protection grants that incorporate policy-level change and education as a mandatory component for school systems and community organizations.</li> <li>Award two UV safety grants for community-based initiatives that focus on policy-level change for UV protection and awareness with an emphasis on caregivers.</li> <li>Provide funding for current LEAs to implement multilevel strategies as determined by year-end reports and technical assistance notes.</li> <li>Provide technical support and assistance to 100% of the intervention sites (8) through site visits, statewide meetings, and electronic media.</li> </ul>
Goal 3: By February 2008, establish synergistic campaigns and strategies that educate school-aged children and caregivers about UV radiation protective behaviors.	3.1: By February 28, 2007, increase by 80% above baseline the number of school staff participating in professional development about UV safety in the intervention school sites.								<ul style="list-style-type: none"> <li>Provide five trainings on UV protection, with an emphasis on the revised North Carolina Healthful Living Standard Course of study-related objectives.</li> <li>Provide mini-grants for teacher support to implement classroom-based UV protection education.</li> <li>Provide presentation on <i>Sunny Days, Healthy Ways</i> and <i>Sun Wise</i> curriculum, aligned with health, math, and science at two statewide conferences or district meetings.</li> </ul>

(continued)

**Table F-1. Overview of North Carolina Planned Year 4 Activities by Goal, Objective, and Guideline (continued)**

North Carolina Goal	Objectives	Applicable Skin Cancer Guideline							Year 4 Planned Activities Reported in Mid-Year Progress Report
		1	2	3	4	5	6	7	
Goal 3 (cont'd)	3.2: By February 28, 2007 increase the knowledge of the PTA administrators by presenting CSHPs with an emphasis on UV protection information at a Healthy Schools-sponsored prestate convention, as measured by Training Tracker.				✓				<ul style="list-style-type: none"> <li>Commit to date and write presentation.</li> <li>Present at conference.</li> </ul> <p>NOTE: This is a shared objective with CSHP, Abstinence, and Abstinence until Marriage grants.</p>
	3.3: By February 28, 2007, provide funding to LEAs or individual schools through mini-grants to implement policies or programs that enhance CSHPs, with an emphasis on HIV/STDs, teen pregnancy prevention, and UV protection, through a collaborative application by PTA and the School Health Advisory Council, as measured by grant progress reports.								<ul style="list-style-type: none"> <li>Write and distribute RFA for mini-grants.</li> <li>Select grantees and provide funding.</li> <li>Monitor projects and collect progress reports.</li> </ul> <p>NOTE: This is a shared objective with CSHP, Abstinence, and Abstinence until Marriage grants.</p>

(continued)

**Table F-1. Overview of North Carolina Planned Year 4 Activities by Goal, Objective, and Guideline (continued)**

North Carolina Goal	Objectives	Applicable Skin Cancer Guideline							Year 4 Planned Activities Reported in Mid-Year Progress Report
		1	2	3	4	5	6	7	
Goal 3 (cont'd)	3.4: By February 28, 2007, increase from 71% to 85% the proportion of parents and caregivers in the target regions who practice at least two UV safety measures for children in their care.								<ul style="list-style-type: none"> <li>▪ In conjunction with the CCC program, use the consensus panel and the Advisory Committee on Cancer Coordination and Control to develop and implement community-based awareness initiatives targeting adult caregivers of school-aged children.</li> <li>▪ Provide district training for Communities Advocating, Providing Sun Safety (CAPS) kids to PTA leadership to augment funding (related to Objectives 2.2 and 2.3).</li> <li>▪ Develop nontraditional partnerships with education/museum centers to distribute CAPS and protection fact sheets.</li> </ul>
Goal 4: Increase the quality of surveillance and evaluation data of school-aged children and caregiver skin cancer knowledge, attitudes and behaviors.	4.1: By June 2007, collect data sets (Youth Risk Behavioral Surveillance [YRBS], Profiles, Training Tracker data) to assess objectives and target efforts.								✓ <ul style="list-style-type: none"> <li>▪ Develop and distribute fact sheets to educational institutions, community agencies, and other institutions.</li> <li>▪ Present information at two statewide events.</li> </ul>
	4.2: In collaboration with the North Carolina CCC Program, explore options to establish a population-based registry to collect and analyze data on basal and squamous skin carcinoma. Evaluate program and activities of SunSense.								✓ <ul style="list-style-type: none"> <li>▪ Explore current data collection protocol and mechanism.</li> <li>▪ Review current available data elements from the cancer registry.</li> <li>▪ Propose modification to current database if the data elements do not include nonmelanoma skin cancer subcommittee for feasibility and protocol.</li> </ul>